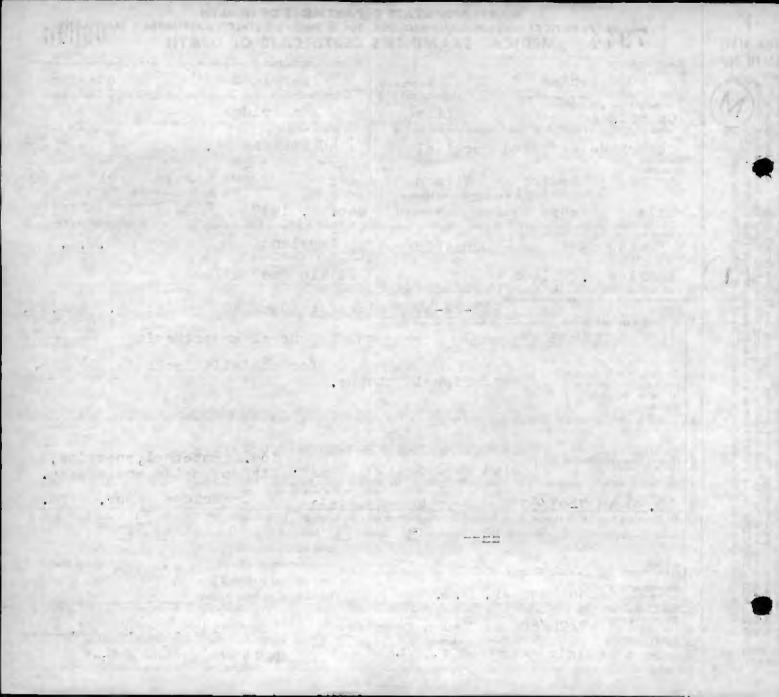
# FOR STATE HEALTH DEPT.

### MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (1994) MEDICAL EXAMINER'S CERTIFICATE OF DEATH

371.		PLACE OF DEATH	1	2. USUAL RESIDE	NCE (Where decee	sed lived, If institutio	n: Rasiden	ce before a	dmission)
		Dorchester MA	RYLAND	a. STATE Mar	yland	b. COUNTY D	orche	ester	3
11		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	STAY IN 16	c. CITY OR TOW	N (If outside corporet	e limits, write RURAL	and give r	neerest fow	n)
0/		Cambridge Life		/ Can	nbhidge				
-		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street a	(ddress)	d. STREET ADDRE	SS	-		. IS RE	
36	7	Cambridge Maryland Hospital	L	40 Doi	iglas St	•		YES T	NO X
2		NAME OF First Middle DECEASED	a	Lasi	4. DATE OF	Month	Day	Year	
		(Type or print) Gretha Wilson	AD 10	dams	DEATH	July	21	19	60
	S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MA	RRIED   8.	DATE OF BIRTH	9. A	GE (In years IF UND		IF UNDER	
	-	emale Negro widowed Divo			1917	42yrs.		Hours	Min.
	10a do	. USUAL OCCUPATION (Give kind of work to during most of working life, even if retired)	OR INDUSTR	Y 11. BIRTHPLACE (SI	ele or foreign countr	12,		F WHAT C	OUNTRY?
		Housework Domestic	3	Maryla	and		U.S	3 .A.	
1	13.	FATHER'S NAME	1	14. MOTHER'S MAID	EN NAME				
		Charles E. Wilson			Mae Moll	ock			
		WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITS, no, or unknown   [[Fyesgivawerordetasofservica]]	Y NO. 17. X	NFORMANT		Address			
		No 213-22-4	762 E1	dridge Ad	lams 40	Douglas !	St.	Camb.	.Md.
		18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), er					ON	ERVAL BET	
		PART I. DEATH WAS CAUSED BY: Cardiac ar	rest u	inder gene	eral ana	esthesia	UN	That	
		1541						4 .	
		Abdominal	opera	tion for	choleli	thiasis	2	2音 hr	'S.
		geve rise to immediate cause and fibro.	id ute	rus.		-			
		(a), stating the undarlying DUETO							
1		causa last. (c)							
0	O	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D	EATH BUT NO	OT RELATED TO THE TER	MINAL DISEASE CO	NDITION GIVEN IN P	ART 1(e) 1	9. WAS A PERFO	RMED?
	CAT								NO K
	CERTIFICATION	208. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY PRIMARY or CONTRIBUTING	OCCURED. (E	inter netura of injury in	Part I or Part II of ite	ntothal.	anec	tine	
	_	CAUSE OF DEATH. Died on ope	eratin	g table.		oxide_a		XVget	
70	CAL	Tool line at him to the same of the same o		CE OF INJURY (Home, ory, street, office bldg.,	farm, ! 20f. (City or	lown) (	County)	200	State)
~/	MEDI	10.30.mAW 7-21/60 St work of work	T	ory, sneer, onica blag.,	Camb	ridge	Dor.	Mo	d.
	~	21. I certify that I took charge of the remains describe			Inspection IX	, Inquiry	and	in my or	ninion
		death resulted from: Natural causes Accident	_	ide , Homicie		ermined manner	_	,,	
		OGSIN Learned House Maintai canses The state of control	1		AL EXAMINER	STATE OF THE STATE			
A		ACTUAL V	1/		_	r-1		Sen ora	B.V.P.D.
36	-	SIGNATURE SICK	1/1	M.D.	MEDICAL EXAMINER	7/23/	60 "	ATE SIG	MED
		EXAMINERS Tolor Money To		DEPUTY MEDI	CAL EXAMINER	(1 - 2)			
		NAME (1/20) John Mace Jr. M.D.			at, city, town, or cou	A CONTRACTOR OF THE PARTY OF TH		- 1-	
	228	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF	CEMETERY OR	CREMATORY	22d. LOCATIO	N (City, fown, or cou	niry)	(State	6)
0		Burial 7/24/60 Waugh	Cemet		Cambri	dge, Dor		Md.	
10		FUNERAL DIRECTOR ADDRESS	MA	248.	REC'D BY REGISTRAL	24b, REGISTRAR			
B	F	Merbert StClair Cambridge,	Md.	DATE	1 6 '60	Orthur.	S. Firm	W.	
4	_					*			

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please secure the certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the never deriver Page 4 shall be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be related for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, Fire Pages 1 and 2 with the State Board of Fletth, or risk designated agent, prior to burial, greenstion, or removal, and in any event within 72 hours after death. VS. AISME 5M 7/59

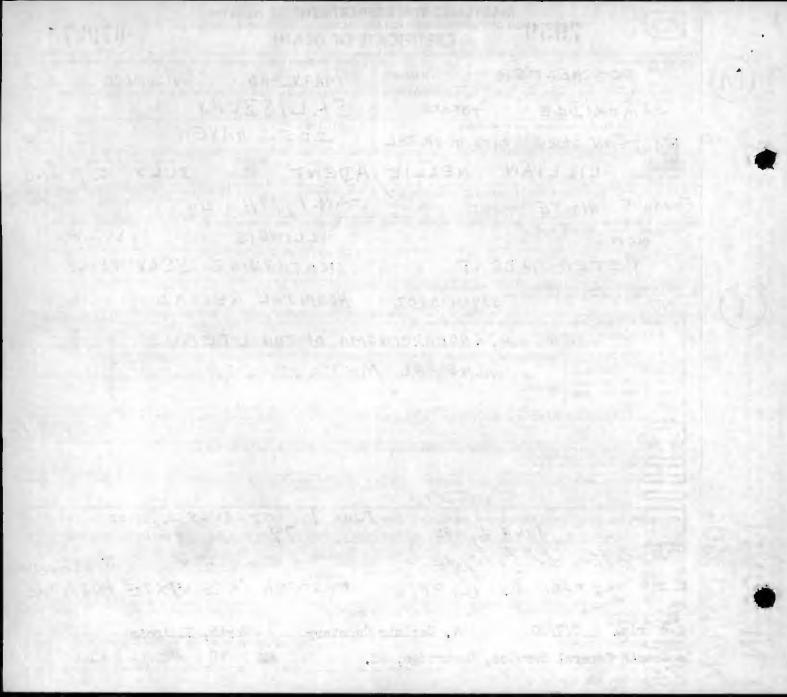


VR A1S (4) 1SM 9/59

# MARYLAND STATE DEPARTMENT OF HEALTH Propriesion of Statistical Research and Records — Baltimore 1, Maryland CERTIFICATE OF DEATH

07927

1. PLACE OF DEATH  o. COUNTY DO RCHESTER MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY WICOMICO
b. CITY OR TOWN (If outside carporate limits, write RURAL opd give nearest town) CAMBRIDGE 4-YEARS	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fawn)  SALISBURY
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION EASTERN SHORE STATE HOSPITAL	d. STREET ADDRESS S, HAVEN . IS RESIDENCE ON A FARM? YES NO W
3. NAME OF DECEASED (Type or print) LILLIAN NELLIE	ADENT 4. DATE OF JULY 2, 1960
FEMALE WHITE WIDOWED   DIVORCED	B. DATE OF BIRTH  JAN. 1911  9. AGE (In years last birthday) 49 yrs.  B. DATE OF BIRTH  Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ILLINOIS U.S.A.
13. FATHER'S NAME FTER ADENT	KATHERINE SLAVINSKY
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (Yes. no. or unknown) [If yes, give wer or datas of service] 357-14-2203	HOSPITAL RECORD
gave rise to immediate cause (a), stating the under-lying couse last.	OMA OF THE UTERUS  ONSET AND DEATH  METASTASES  NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED?  YES   NO
	D. (Enter nature of injury in Part I or Port II of item 18.)  ACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Manth, Day, Year 20d. tNJURY OCCURRED for hour a. m. 19 While of work of wark	ACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)
20. SIGNATURE THE OF F. P. V.	TUNE 1 1957, to JULY 2 1960, that (1) (we) lost leath accurred of 708 M, from the causes and on the date stoted obove.  22b. DATE 22b. DATE SIGNED PHYS. JULY 2 1960  22d. ADDRESS EASTERN SHORE STATE HOSPITAL
23c. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF B urial 7/7/60 St. Casimir	Cemetery Worth, Illinois
Le Compte Funeral Service, Cambridge, Mo	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE  DATE 160 Chilum S. Khana



### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07928

		U	6	J	4	L
-	Dist					

	CENTITIO	AIE OF DEATH		Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Dorchester	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	re deceased lived. If institution b. COUNTY	ni Residence before admission)  Dorchester
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Cambridge	LENGTH OF STAY IN 16	c. CITY OR TOWN (If or Camba	otside corporate limits, write RU	RAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street of NSTITUTION 154 Washington Str		d. STREET ADDRESS	Washington S	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) William (Wi	Middle	Banks	4. DATE Mont	
Male Negro WIDOWE		B. DATE OF BIRTH Dec. 25. 18	last birthday) 66 yrs.	F UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Laborer  F	KIND OF BUSINESS OR INDI			12. CITIZEN OF WHAT COUNTRY USA
[Yes, no. or unknown)   (If yes, give war or dates of service)	SOCIAL SECURITY NO. 17.	INFORMANT Lillie Banks	Clara Ban	ni e
18. CAUSE OF DEATH [Enter only one couse per lin PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if only, which gove rise to immediate cosse (o), stating the under-	for (o), (b), and (q.) Coronary	Heart Diseas	е	INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS C				N IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
		ED. (Enter noture of injury in P		(County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. IN Hour o. m. 19 of work		LACE OF INJURY (Home, form, street, office bldg., etc.)		

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 uld be detached for use as the burial-transit permit. Then please priar to burial, cremation, ar remayal, and in any event within After this certificate has been signed by TO FUNERAL DIRECTOR POGE 2 VII be TO HOSPITAL OR page 3

by the funeral director, d 2 shauld be filed with

the attending physician and campletely filled Then please remave carban papers. event within 72 hours after death.

> PHYSICIAN'S NAME (Type) Edwin Fassett, M.D. 226. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY Cemetery Betnel

-Cambridge.

Cambridge Maryland
REGISTRAR 246. REGISTRAR'S SIGNATURE

ADDRESS (Street, city or town, state)

Pine St-Cambridge . Md

(Stote)

DATE SIGNED

220. BURIAL, CREMATION, REMOVAL (Specify) BUPLAL 23, FUNERAL DIRECTOR'S SIGNATURE

ACTUAL

ADDRESS

24a, REC'D BY REGISTRAR DATE JUL 2 2 '60

Cirthun S. Kraus

VS A1S (4) 15M 9/5S

1-30 60 1 and the second The fel brill Could ADD TO THE OWNER OF THE PARTY O The according to the second of the second of

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

may be retained by the hospital ar attending physician.

TO FUNEY DIRECTOR: After this certificate has been signed by the attending physician and campletely filler page. Juil be detached for use as the build-itality page. The place remove carbon pages the State Board of Health prior to burial, cremation, or removal and in non-contact the pages.

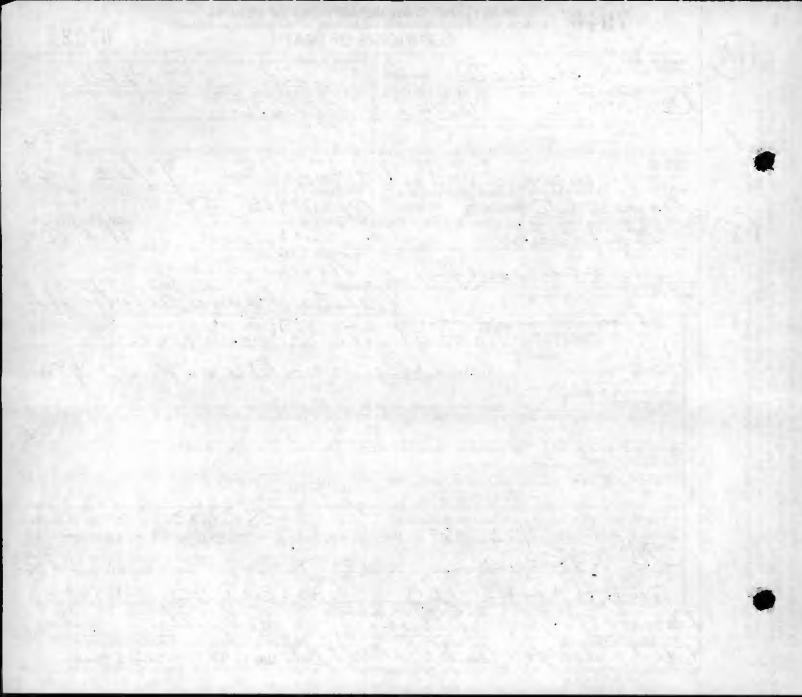
VR A1S (4) 1SM 9/S9

### 7946

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

13	pay	0	O	1	1
U	7	y	4	1	ģ

	0
1. PLACE OF DEATH Carchester MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY
C. LENGTH OF STAY IN 1b RUBAL and give nearest lower.	c. CIP OR TOWN (If outside, corporate limits, write RURAL and give nearest tawn)
d. NAME OF HOSPITAL (What in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES \( \sum \) NO \( \sum \)
3. NAME OF DECEASED (Type or print) Pace/ine Ewell D	CINTON 4. DATE Month 200y Year 1960
5. SEX   6. COLON OR PACE   7. MARRIED   NEVER MARRIED   DIVORCED	8. Date of BIRTH  12/25/1905  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   Months   Days   Hours   Min.    12/25/1905
10a. USUAL OCCUPATION (Give kind of work daine 10b. KIND OF BUSINESS OR INDU	USTRY 11 - BIRTH PLACE ISTOTE OF FOREIGN COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME Drily
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. [(Feb. no., or unknown)] (If yes, give war or dates of service)	lestin Dayton, Elliotts, Md.
PART I. DEATH WAS CAUSE BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gave rise to immediate couse (o), stating the under-lying couse lost.  (c)	ina Breast 2403
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?  YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED to the Most while of work at work at work 19	PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.)
21. I certify that (I) (this haspital) attended the deceased from saw they deceased alive an 7/23 1969 and that	death accurred at T.M. from the causes and an the date stated above.  ATTENDING A MED. STAFF 72b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) HANKS MI	M.D. PHYS. DIRECTOR PHYS. 12d. ADDRESS  22d. ADDRESS  AMBRIXOE MARYLAND
234 BURIAL, CREMATION, 234 DATE THEREOF 23c. NAME OF PEMETERY	OR CREMATORY 230, 10CATION (City, trust, or county)
PATEUNERAL DIRECTOR'S SIGNATURE ADDRESS	Mustal 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Only & Kraus



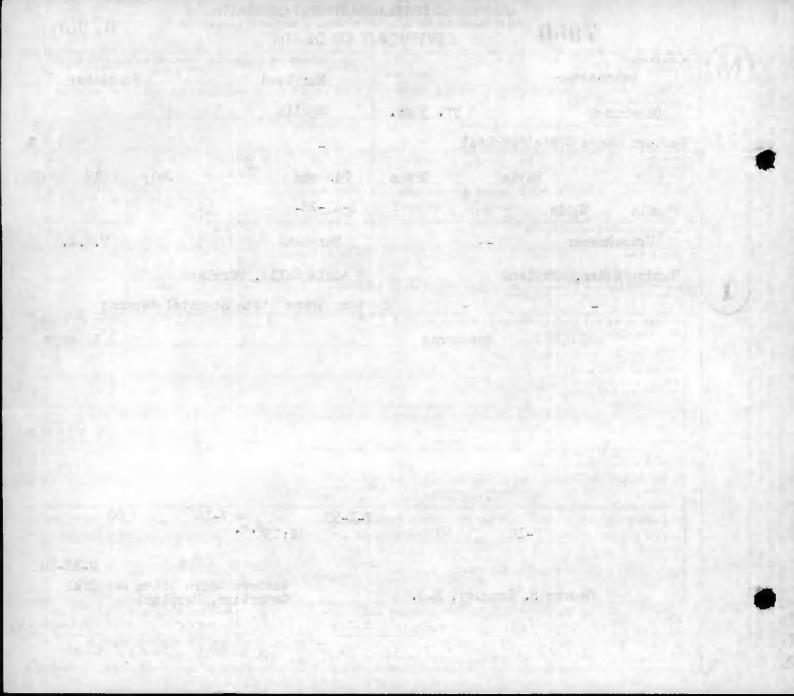
VR ATS (4) 1SM 9/S9

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death sertificate be executed within 24 haurs after death. Page 4

# MARYLAND STATE DEPARTMENT OF HEALTH PS 6 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

07930

1.	PLACE OF DEATH a. COUNTY Dore	chester		MARYL		usual residence (Vo. STATE  Marvla		lived. If instituti b. COUNTY		before admiss	ion)	
	RURAL and give n		s, write	5 Vr. 5 mg								
	d. NAME OF HOSPIT OR INSTITUTION Eastern Sh	TAL (If not in hospitol, gi nore State I	oddress)	•	d. STREET ADDRESS	3	XEL	-)		FARM?		
3.	NAME OF DECEASED	Firs	st	Middle		Last	4. DATE OF	Mor	nth	Day	Yeor	
	(Type or print)	Ma:		Grad		Dickson_	DEATH	J	uly		19 60	
S.	Female	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED		3-11-11	9	lost birthdoy)	Months I	YEAR IF UNDI	Min,	
100	during most of wor			KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (SIO		intry)	12. CITIZ	U.S.A.		
12	FATHER'S NAME	rechar	-		3	. MOTHER'S MAIDEN				O DO MA		
13.		ider, Maryla	and			Addie Kel		yland				
		R IN U. S. ARMED FORG	CES? 16.	SOCIAL SECURITY NO.	East	ern Shore		Add	Recon	ds		
	Conditions, if a gove rise to i couse (a), stating	mmediote (	, I	ne for (c). (b). and (c).}						16 da	DEATH	
CERTIFICATION	lying couse lost. Part II. OT	, ) (c) HER SIGNIFICANT CONI		CONTRIBUTING TO DEA	TH BUT NO	TRELATED TO THE TER	RMINAL DISEASE	CONDITION GI	VEN IN PART	PERFC	AUTOPSY ORMED?	
	20g. ACCIDENT W. OR CONTRIBUTING	AS UNDERLYING DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (E	nter noture of injury	in Port I or Port	II of item 18.)				
MEDICAL	20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Doy, Yeo	20d. If While of wor	Not while		OF INJURY (Home, fo , street, office bldg., o		or fown)	(C	ounty)	(Slote)	
	21. I certify the	at (1) (this haspital sed alive an 7=	) attend	led the deceased f	ram7:	h accurred atl:	19 to 7	<b>-18</b> he causes a	19 <u>6</u> nd an the	O, that (1) (	(we) last d abave.	
	22o. SIGNATURE	Gener 1:	1 ho	melian	M.D		MED. DIRECTOR	STAFF PHYS.		7-18-	SIGNED	
	22c. PHYSICIAN'S NAME (Type)	George H.	Lon	gley, M.D.			astern ambridge			spit al		
23	REMOVAL (Specify	1 1	)F	23c. NAME OF CEME		EMAIORY	23d. LOCATI	ON (City, town,		MA	tel IR YLAA	
24	FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS	1.	250. RE	JUL 2 2	AR 25b. REG	Istrar's sig	NATURE		



VS. A15ME(5) 5M 9/55

MARYLAND	STATE	DEPARTM	ENT OF	HEALTH-	BALTIMO	RE, 18
MEDICA	AL EX	AMINER'	'S CERT	IFICATE	OF DEAT	r <del>H</del>

Reg. Dist. No. 795 8

	796	M	DIC	AL EXAMIN	IER'S	CERTI	FICAT	E OF	DEATH	Reg. Dis		95;
I. PLAC	E OF DEATH					2. USUAL RES	IDENCE (W	here decease	d lived. If Instit	ution: Residen	ce before	admission)
o. CC	DUNTY	orchester		MAR	YLAND	A STATE						
b. C11		outside corporate limits, writ	RURAL	c. LENGTH OF STAY	IN 1b				prote limits, write			
	ed give nearest fown)			Life		X		ck - R				
d. NA	AME OF HOSPITA	AL OR INSTITUTION	f not in	hospital, give street oddre	ess)	d. STREET	ODRESS				4.	IS RESIDENCE ON A FARM?
	Peters	burg					Peter	sburg				S NO
3. NAM		Fir	el	Middle		Los		4. DATE	Mont	h	Doy	Year
	ASED or print)	Robe	rt	Lester	c	Dixe	n	OF DEATH	July	2	,	1960
5. SEX		6. COLOR OR RACE	7. MAI	RRIED NEVER MARRIE	D [7] 8.			11	P. AGE (In years	IF UNDER 1	YEAR IF I	UNDER 24 HRS.
Me	ale	Negro		WED DIVORCED		April 1		1	53 yrs.		ays Ho	Min.
10a. USL	LAL OCCUPATIO	N (Give kind of work	done 10i	b. KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPL	ACE (Stole	or foreign co	untry)	12. CITIZ	EN OF W	HAT COUNTRY
Cornig	Unemp	life, even if retired)		None		Doro	heste	r Co.	Maryla	nd [	J.S.A	
13. FATE	HER'S NAME					14. MOTHER'S	MAIDEN N	AME				
	Robert	Dixon				Nett	ie J.	Robin	son			
15. WAS	S DECEASED EVE	R IN U. S. ARMED FO	RCES?	16. SOCIAL SECURITY NO	. 17. in	FORMANT			Address			
{Tes, no.c	O unknown)	(if yes, give war or dates of	service)	None	Ne	ttie I	Divo	n Hur	lock. M	amrland	F 12	ਸੇ ਹ
gov (o), cov	orditions, if or re rise to immed, stotling the wase lost.	nderlying DUE TO		CONTRIBUTING TO DEAT			THE YERMIN	NAL DISEASE	CONDITION GIV	VEN IN PART	i Pi	/AS AUTOPSY ERFORMED?
# CAU	EXTERNAL CAU MARY O or CON JSE OF DEATH.			RISE HOW INJURY OCCU					f item 18.)		YES	□ NO (A)
20c.	Hour o.m.	Y Month, Day, Yee	W	d. INJURY OCCURRED I	20e. PLAC facto	E OF INJURY (I ry, street, office	iome, form, bidg., etc.)	20f. (City o	or łown)	(Coun	17)	(Stote)
21.	I certify th	at I took charge	of the	e remains describe	d abov	ve, held an	Autopsy	, Ins	pection 4	Inquiry	П. а	nd find tha
				Accident					determined	errolete.		
ACI	TUAL NATURE	Joer	7-	mre	-2	_M.U.		AMINER   AL EXAMINER	П		D/I	ATE SIGNED
	AMINER'S ME (Type)	John Mad	e Ji		0			XAMINER 🖪	_	J	ule a	2, 1960
	RIAL, CRÉMATION AOVAL (Specify) Burial	JULY 6.	960	Petersbur	g Cer	netery			ON (City, town, Hurlock		land	(Stote)
J.J.	Frampto	s signature Son,	Fed	eralsburg,	lary1	and	24a. REC'D	BY REGISTR	AR 24b. REGI	STRAR'S SIGN		



### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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and be filed with

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours may be rehained by the haspital ar attending physician.

TO FUNITY. DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page. All be detached for use as the burial-transit permit. Then please remave carban papers. Pages the State Board at Health prior to burial, cremation, ar remaval, and in any event, within 72 hours after death

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minb

VR A1S (4) 1SM 9/59

path. Page 4

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		10%		CERTIFIC	A I	E OF DE	AIH					(, 0 (		
	e of death DUNTY	chester		MARYLAN	4D	2. USUAL RESIDI	rylan			institutio DUNTY		_	re admiss	
b. CI	JRAL and give near	ulside corporate limit est town) *lock RFD	s, write	c. LENGTH OF STAY IN	15	c CITY OR TO	ww (if ou rlock		rate limits,	write RL	JRAL and	give nec	prest tawn	)
d. N	AME OF HOSPITAL R INSTITUTION	(If not in haspital, g	ive street	address)		d. STREET AD	DRESS							IDENCE FARM?
NAN	AE OF EASED	Fire	st	Middle		Lost		4. DATE OF		Mont	th	Da	y '	Year
	or print)	Charles		Millburn		Fletche	r,Jr.	DEATH		July	r	8		19 6
S. SEX	6	. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	В	. DATE OF BIRTH			9. AGE (In		Months			
Ma	le	colored	WIDOWI	ED DIVORCED		7-8-	60		-	yrs.	Months	Days	Hours	Min
		(Give kind of work of life, even if retired)		KIND OF BUSINESS OR II	VDUST	Hurloc	,	_	* * *		12.CIT	IZEN OF	WHATC	OUNTRY
3. FATI	HER'S NAME					14. MOTHER'S	AAIDEN NA	AME						
	Cha	rlesMillb	im 🖺	letcher		Alice	LaRue	F	letch	er				
		N U. S. ARMED FOR yes, give wer or dates of s		SOCIAL SECURITY NO.		. Charle	s Fle	tcher	, Hur	lock		FD,	Md.	
18.	CAUSE OF DEATH	[Enter only one co	use per li	ne for (o), (b), and (c).]									ERVAL BE	
ly co	onditions, if ony, ave rise to imm use (o), stating the ing cause lost.  Part 11. OTHER	nediote DUE TO	)	CONTRIBUTING TO DEATH	_BUT 1	NOT RELATED TO	THE TERMIN	IAL DISEAS	E CONDITI	ON GIV	EN IN PAI	RT 1(0) 1	9 WAS PERFO YES I	AUTOPSY PRMED?
G (IF	TIME OF INJURY		ar 20d II		b. PLA	CE OF INJURY (H	ome, farm,			18 )	-	(County)		(State
WED	Hour a.m p.m.	19	While of wor	Not white	TUCH	ory, street, dritte	olog., elc.)		11 /		•			
	I certify that the deceased		) often	ded the deceased fro		eath occurred	019 P	ta M, from	the cou	M-es on				we) las I above
	i. SIGNATURE	Hais	-M	yeen	λ-	ATTENDING	MEI DIR	ECTOR	STAFF				8	DATE SIGNE
220	PHYSICIAN'S NAME (Type)			urlock, Md.		22d ADDRES	Hu	lo	ck,	7	na	ry	la	rd
_ RE	R AL, CREMATION MOVAL (Specify)	7-9-60	)F	23c. NAME OF CEMETE Washington				236 LOCA Hurlo			or county)	U	(Stot	le)
4, FUN	IERAL DIRECTOR'S	SIGNATURE		ADDRESS		1	2So REC'D	BY REGIST	TRAR 2S	b. REGIS	STRAR'S S	IGNATU	RE	
Wm	. L. Sam	pson. Hun	clock	c. Md.			DATE c.e.	Lo. 4. 7.1	100			0		

 $Film G269 \ 8-17-60, et$  Stillbirth instead of death certificate sent in for this child .

### MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE CERTIFICATE OF DEATH delay is neveral director. Page for your files. . PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before admission) a. COUNTY a. STATE **b.** COUNTY Dorchester, Co. MARYLAND b. CITY OR TOWN of outside corporate I mits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporeta limits, write RURAL end give near st lown) write RURAL and give nearest town) Linkwood, Maryland. 10 Years. Linkwood, Maryland. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address, d. STREET ADDRESS delay State None None 3. NAME OF Middle 4. DATE Month DECEASED OF the (Type or print) DEATH Spedden Greenwell with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. B. DATE OF BIRTH 2 with s 1, 2, and 3 age 5 may 1 and 2 will 72 hours last birthday) /1874。 86 WIDOWED TY DIVORCED Female yrs, 10a. USUAL OCCUPATION IG ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) form PM3. Page done during most of working life, even if retired) in Item 18. Give Pages 1, Housewife Housevri fe pages 1 Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME permit. File Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unkown) | (Ifyas giva wer or datas of service) I-transit permit No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY: Myocardial failure Office a DUE TO gave risa lo immediale causa 40 DUE TO (e), stating the underlying Examiner 50 cause last. pesn CERTIFICATION 8 the word Medical should 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Itam 18.) PRIMARY TO or CONTRIBUTING TO MEDICAL EXAMINER: CAUSE OF DEATH writing to Chief / 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or fown) Month, Day, Year factory, streat, office bldg., etc.) Not While Hour e.m. at work al work she be forwarded to the FUNERAL DIRECTOR: P. prior cute the certificate, Inspection A 21. I certify that I took charge of the remains described above, held an Autopsy Natural causes X Suicide Accident death resulted from: Homicide. CHIEF MEDICAL EXAMINER ACTUAL esignated ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S John Mace NAME (Type) Address (Street, city, town, or county)

U.S.A. Address Mrs. Nettie Todd., Cambridge, Maryland. INTERVAL BETWEEN ONSET AND DEATH day PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 81, 19, WAS AUTOPSY PERFORMED? NO (State) (County) Inquiry and in my opinion Undetermined manner DATE SIGNED 22a. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) (Stete) Burial 23. FUNERAL DIRECTOR JUL 2 6 '60 Orthur S. Through Le Compte Funeral Service, Cambridge, Maryland PARE

Dorchester, Co.

12. CITIZEN OF WHAT COUNTRY?

e. IS RESIDENCE

YES NO TO

19 60

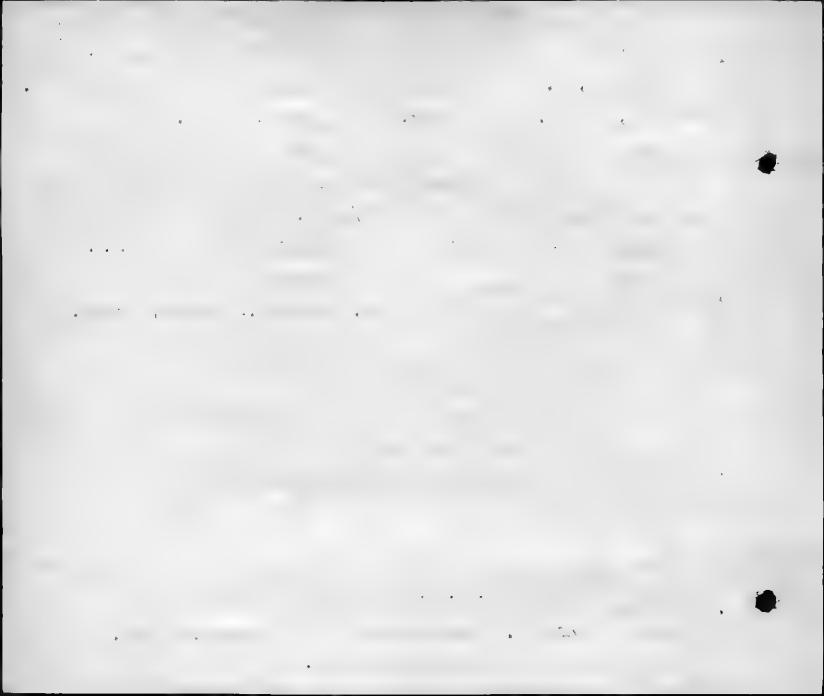
Yaar

ON A FARM?

VS. A15ME 5M 7/59

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CERTIFICATE OF DEATH Reg. Dist No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o COUNTY b. COUNTY MARYLAND Dorchester Maryl and Dorchester b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporate limits, write RURA), and give negrest town) 9 RURAL and give peacest town! ploods Cambridge Cambridge d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARMS YES NO TIX Cedar Street Cambridge Marvland Hospita MAME OF 4. DATE First Middle Lest Month Year Dav DECEASED (Type or print) Annie Harris DEATH July 160 Jane Mae 5 SEX 6. COLOR OR RACE 7. MARRIED M NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years IF LINDER 1 YEAR IF LINDER 24 HRS. last birthday) Months Min DIVORCED | WIDOWED [7] Remale Megro 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired! aborer Food Packing Dorchester Co. Md. TISA pou after 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 207 Menkins Meekins Joseph 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: DUE TO Lower Abdominal Conditions, if ony, which gove rise to immediate in Se DUE TO cottse (a), stating the under-I-transit lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES THE NO F 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY IHome, farm, 20f. (City or town) (Country) (Stote) factory, street, office bldg., etc.) o. m. While Not while of work of work 0.05 10600 21. I certify that I attended the deceased from that I last saw the deceased alive an and that death accurred at M. from the causes and an the date stated above. DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) FUNER age 3 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) page REMOVAL (Specify) Cemet 0 23. FUMERAL DIRECTOR'S ADDRESS 246 REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR VS A15 (4) 15M 9/55 Cambrid DATE AUG 5

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

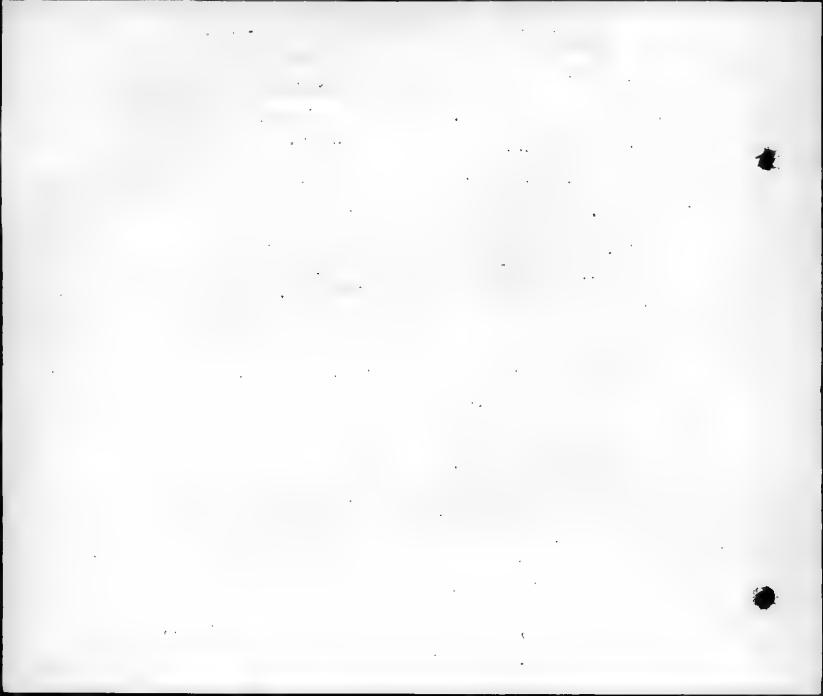


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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

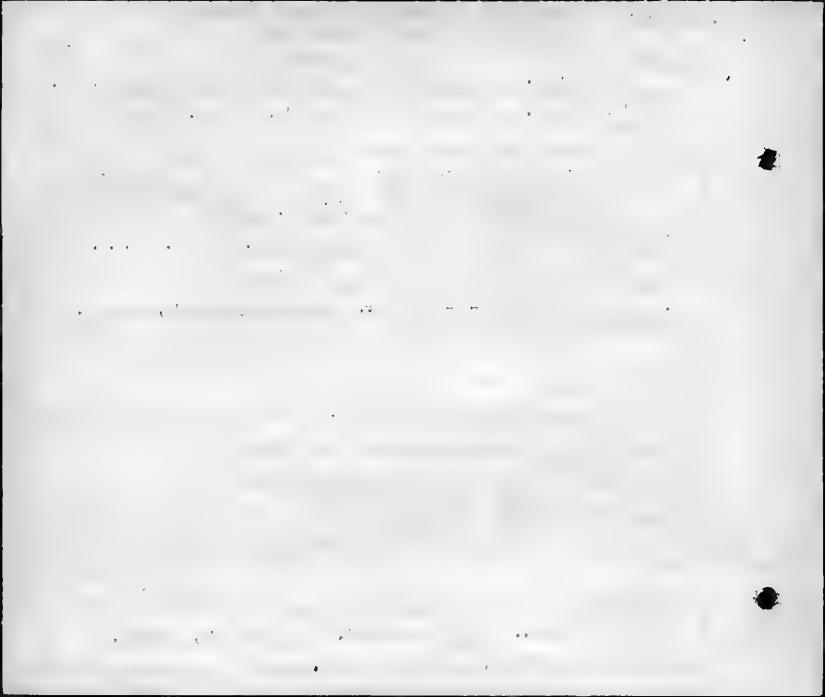
100%	Keg. Dist. No.
1. PLACE OF DEATH  DORCHESTER  MARYLAND	USUAL RESIDENCE (Where deceased lived, If institution Residence before admission)     O. STATE     D. COUNTY
b CITY OR TOWN (If outside corporate limits, write   c, LENGTH OF STAY IN 1b	MARYLAND WIGOMICO
RURAL and give nearest town)	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)
CAMBRIDGE 32VRS-1015MUS	SALISBURY
d NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
EASTERN SHORE STATE HOSPITAL	S.Blvd.
3. NAME OF DECEASED (Type or print) FMORY TILTON	HASTINGS DEATH JULY 27th 1960
S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 😿	B DATE OF BIRTH 9 AGE (In years IF UNDER I YEAR IF UNDER 24 HRS lost birthday) Months Days Hours Man
MALE WHITE WIDOWED DIVORCED	949.8.1882 7975 11 19
100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, exen if retired)	
LABORER Carpenter-Construction	
Joseph W. Hastings	14 MOTHER'S MAIDEN NAME
JOB HASTINGS	LEVINIA MASSEY
	SCHARSie C. Smith (Sister Salisbury, Md.
). Unk	SPITAL RECORDS CAMBRIDGE MD
18. CAUSE OF DEATH [Enter only one couse per line for (o) (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) TERMINAL	PNEUMONIA 48HRS
DUE TO	
	moved the surrounding
Conditions, if any, which by CHRONIC MYO CA	RDIAL DEGENERATION 2 YRS
cause (a), stating the under-	
lying cause lost. (c) DIABETES	OVER 2NT
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES [] NO [7]
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  N/A	D. (Enter nature of injury in Part I or Port II of item 18.)
3 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PU	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
Hour o. m. N/A 10 While Not while for	N/A
21. I certify that I attended the deceased from APRIL 2	5 , 1957, to Luly 27 1960 that I last saw the deceased
alive an JULY 27, 1960, and that death	accurred at 11. p. M. from the causes and an the date stated above.
ACTUAL OI 10 D	ADDRESS (Street, city or town, stote)  DATE SIGNED
manximi Harry & Chauterd'	NO CAMPRIDGE MARYLAND JULY 27 1940
PHYSICIAN'S HARRY J. CRAWFORD	
220. BLRIAL, CREMATION, 22b./DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d LOCATION (City, town, or county) (State)
REMOVAL (Specify) July 30,1960 Hestings	
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
HOLLOWAY & COMPANY SALISBURY MA	RYLAND DATE AUG 1 '60 Circles S. Kraus

VS A1S (4) 1SM 9/SB



				B
HOSEITAL DR ATTIFICIA ENYSIGNEN: The law requires that the desit certificate be executed within 24 hours after death. Page 4		FUNE DILLOW: After this certificate has been signed by the ottending physician and completely filled in by the funeral director.	A with	X
deoth.		Jueral	d'set	À
s ofter		y the fi	2 shoul	
4 hour		ed in p		1
rithin 2		ely fille	Pages	
cuted v		:omplet	opers.	īħ.
ре еке		o puo u	d victor	her dag
tificate		physicia	move co	hours
#th cer		nding p	eose re	hin 72
the di		he olle	hen pl	ent wit
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requir	cian.	en sign	ansit pe	ond in
Tile for	g pillysic	has be	uriol-tro	moval,
CEN	ttendin	tificote	the b	n, or re
<b>IHYS</b>	tal ar o	this cer	or use o	rematio
N	e hospi	: After	ched fo	uriol, c
R ATTE	d by th		be deto	ar to b
TAL O	iay be retained by the hospital ar ottending plysicial	ā	age 3 Id be detached for use as the burial-transit permit. Then please remove careen papers. Pages	he reg event within 72 haurs/alter depth.
HOS	ay be	FUNE	oge 3	ge reg

1×2.	Tia	Me	ryanoff	MARYLA	ND STATE DEPAI		ENT OF HEALTH	-BALT	IMORE, 18		
· .				796	CERTIF		TE OF DEATH	Ť		Reg. Dist. No	07935
DE STATE OF THE PERSON OF THE		1.	PLACE OF DEATH				2. USUAL RESIDENCE (WI	ere deceased	lived If institution		
# BANG	4		Doro	chester Co.	MARYL	AND	o. State Marylar	nd	b. COUNTY	orchest	er Co.
FE			b. CITY OR TOWN (IF RURAL and give nec	outside corporate limits, s	write C. LENGTH OF STAY II	N Ib	c. CITY OR TOWN (If a	utside corporo			
2 g			Sewardis	Maryland.	Life		Seward's	Mary	land.		
the share	,		d. NAME OF HOSPITA	AL (if not in hospital, give	street oddress)		d STREET ADDRESS				e. IS RESIDENCE ON A FARM?
200		_	Ngas				None				YES NO
2.		3.	NAME OF DECEASED	First	Middle		Last	4. DATE OF	Month	Do	y Year
ille ges			(Type or print)	William	Curtis	Ins	ley	DEATH	7	3	19 60
Page		S. 1			MARRIED A NEVER MARRIEL		B. DATE OF BIRTH	9		Months Days	IF UNDER 24 HRS. Hours Min
plet 75.		_	lale		DOWED DIVORCED		11/15/1896.	<i>____</i>	5/1 63 ym.	Tioning Days	Hours will
completely popers. Po		100	_during most of works	N (Give kind of work doning life, even if retired)	106. KIND OF BUSINESS OR	INDUS	TRY II. BIRTHPLACE (Stole	or foreign cov	ntry)	12. CITIZEN C	OF WHAT COUNTRY?
		-	Waterman		Sea Food		Dorchester		aryland.	U.S.A	
		13.	FATHER'S NAME				14. MOTHER'S MAIDEN N				
physician smove call havrs all		15	William Tr		? 116. SOCIAL SECURITY NO.	117 0	Moll1	e Abboi	Addres		
		(Ye	, no, or unknown) (t	IN U. S. ARMED FORCES If yes, give war or dates of serve NO		1		_			
ending pleose re ithin 72		H			218-16-6525	IVI	rs. Curtis In	alay.	Seward's,		
with with			PART I. DEAT	H WAS CAUSED BY:	per line for (o), (b), and (c).]	1_	1 /10	1111	lan	ON	ERVAL BETWEEN
he o			3 11 34	IMMEDIATE CAUSE (0)	Cere	TY	4/ 1/6	MOR	rnog		21agy
by t r. T y ev			Conditions, if on	DUE TO					V		/
ed b			gove rise to im	mediate (							
nsit pe ond in			cotse (a), slating the lying couse lost.	he under (c)							
ons on	ž.	Z			ONS CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TERM	NAL DISEASE (	CONDITION GIVEN	IN PART I(o) I	P. WAS AUTOPSY
as b ove		CERTIFICATION			•						PERFORMED?
D d L		RTIFIC	20g. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	S UNDERLYING [] 201	. DESCRIBE HOW INJURY OC	CURRED	. (Enter noture of injury in	Port I or Port I	l of item IB.)		
fico at p		I	(IF EITHER, NOTIFY	MEDICAL EXAMINER)							
fion a		WEDICAL	20c. TIME OF INJURY Hour o. m.			20e. PLA	CE OF INJURY (Home, form	, 20f. (City o	r lown)	(County)	(Stole)
ar use		MEC	p. m.		While Not while of work		ory, area, orner biog., are				
			21. I certify the	at I attended/the de	ceased fram. 6	10	. 19 6 V to	7.1.5	196 (	that I last so	aw the deceased
etoched buriot,	- 1		alive an	7/1/60.	12, and that	death	occurred at 2	M, fram	the causes an	d an the da	te stated above.
det o			/		Ma	1	,		et, city or town, ste		DATE SIGNED
oriar	- 1		ACTUAL SIGNATURE	aurenz	1 angan	<u></u>	A.D. ,	156	12ace.	17	1/1/60
2 2 g			PHYSICIAN'S NAME (Type)	awreuc	e Maryo	7 n 0	V C	-a m	brido	1º N	12
N S S		220	BURIAL, CREMATION	N, 226. DATE THEREOF	22c. NAME OF CEME	ERY OF	CREMATORY	22d. LOCATIO	ON (City, town, of	county)	(Stole)
TO FUNE			REMOVAL (Specify)	7/6/1960	Family Bu	rial	Lota	Sewar		rland.	
	Manage		FUNERAL DIRECTOR'S		ADDRESS		24a. REC	D BY REGISTRA	AR 246. REGIST	AR'S SIGNATUI	T
A15 (4) M 9/5S			Le Compte	Funeral Serv	rice, Cambridge	e, M	aryland DATE JI	11 8 160	au	hur S. Kra	u.A.
	35	-									



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



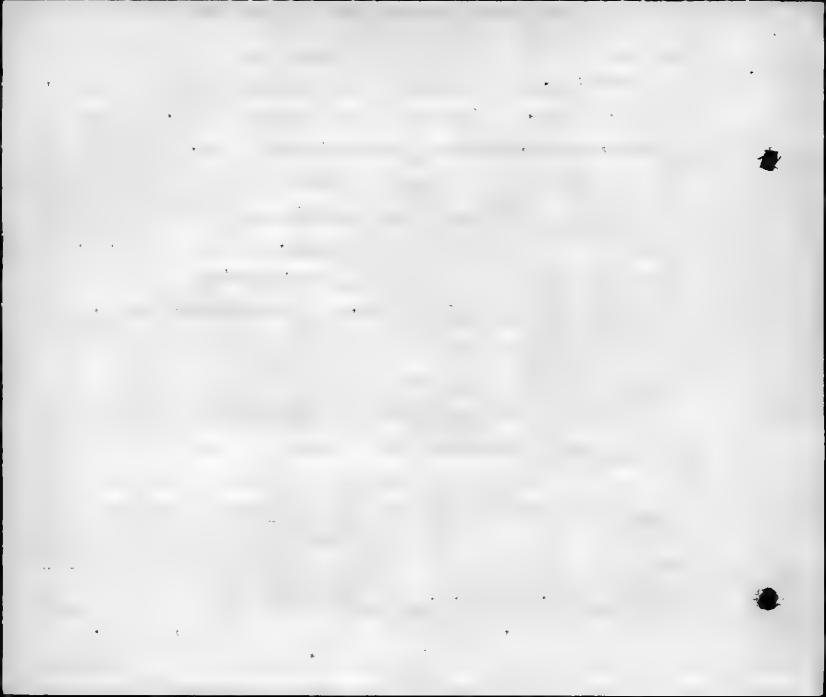
VS A1S (4) 15M 9/S5 I

MARYLAND	STATE	DEPART	MENT (	OF F	EALT	H-BALTIMORE,	18

7948 It CERTIFICATE OF DEATH

E OF DEATH Reg. Dist. No. 17957

1.	PLACE OF DEATH o. COUNTY Dorche	2. USUAL RESIDENCE (Where deceased lived. (f institution: Residence before admission) b. COUNTY Dorchester Co.											
H	b. CITY OR TOWN (IF	outside corporate limi	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)							
	RURAL ond give no	orest town) Maryland		3 Mounth	~	. Cambridge Maryland							
	d. NAME OF HOSPITA	AL (If not in hospital, g	oddress)	3	d. STREET ADDRESS IS RESIDENCE ON A FARM?							DENCE	
		Maryland	l. Ho	spital		2	L Rad	ce. St	reat.				NO 🍱
3.	NAME OF DECEASED	Fir		Middle		Last		4. DATE		onth	Day	,	Year
1	(Type or print)	Reba		Hubbard		Knox		DEATH	7		11		19 60
5.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRI	ED 🔲	B. DATE OF BIRTH			9. AGE (In year lost birthday)	Months			
L	Female	White	WIDOWE	DIVORCE	0 🗆	2/17/19	192		68 62 yr	s. Months	Days	Hours	Min
10	during most of work	N (Give kind of work on his life, even if retired	done 10b.	KIND OF BUSINESS C	R INDU	TRY 11. BIRTHPLA	CE (Slote	or fareign co	ountry)	12 CITI	ZEN OF	WHAT	COUNTRY?
L	Housewife			Housewife		Mary	and			1	U.S.	Α.	
13	. FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME					
L	William	Hubbard					Mary	Benne	tt				
15	. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	), 12. H	NFORMANT			Ad	dress			
L	No	No		Ko		Mr. John	1 Kno	c. Car	bridge.	Maryl	and.		
1		TH [Enter only one co	use per lin	ne far (a), (b), and (c).	1							T AND	
	PART I. DEAT	TH WAS CAUSED BY. IMMEDIATE CAUSE (o	)	CANCER CE	RVIX	UTERI					0.130	., .,,,,	DECLI
	<b>!</b>	DUE TO											
	Conditions, if of		1										
	gove rise to in cosse (a), stating i												
	lying couse lost.	(c	1	<u> </u>							<u> </u>		
2	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMIN	VAL DISEASI	CONDITION G	IVEN IN PART	1(a) 19	. WAS	AUTOPSY RMED?
													NO 🔲
CERTIFICATION		S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRE	). (Enter noture of	injury in P	ort I or Part	II of item 18.)				
MEDICAL	20c. TIME OF INJURY	Month, Day, Ye		NJURY OCCURRED	20e. PL	CE OF INJURY (H	ome, farm,	20f. (City	or town)	(C	ounty)		(State)
MED	Hour e.m.	19	While of wor	Nat while k □ at work □	101	tary, street, office	Diag., etc.	1					
		at I attended the	deceas	ed from 3-75	-60	10	ta 77	-71-6	7 10	that I I		16-	donner
	Fr4	4-60/	4 10 7			occurred at							
ı	dilve dil	(1/16	12	, gild illdi	dedin	occorred de			reel, city or town		e dun		ea abave. LTE SIGNED
	ACTUAL SIGNATURE	- Heel Of	172	war_		M.D. 200 M	arvla	nd Av	enue			7-	16-60
			1			M.D							
	PHYSICIAN'S NAME {Type}	ALBERT E.	DUNKE	R, M.HD.		CAMBR	IDGE,	MARY	LAND				
2	O. BURIAL, CREMATION	N, 226. DATE THEREC	)F	22c. NAME OF CEM	ETERY O	R CREMATORY		22d. LOCAT	ION (City, town,	or county)		(Stote	e)
	BUPYAL Specify	7/16/19	960.	Cambrid	ge C	emetery		Can	bridge,	Maryl	and.		
23	. FUNERAL DIRECTOR	SIGNATURE 5		ADDRESS	ont elle	Ma serri a se a	24a. REC'C	BY REGIST	RAR 24b. REC	ISTRAR'S SIG	NATURE		
	Le Compte	Funeral 6	ervic	e, Cambrid	ge,	marytand	DATE J	UL 26	'60	authur 2	7140	MARIE,	

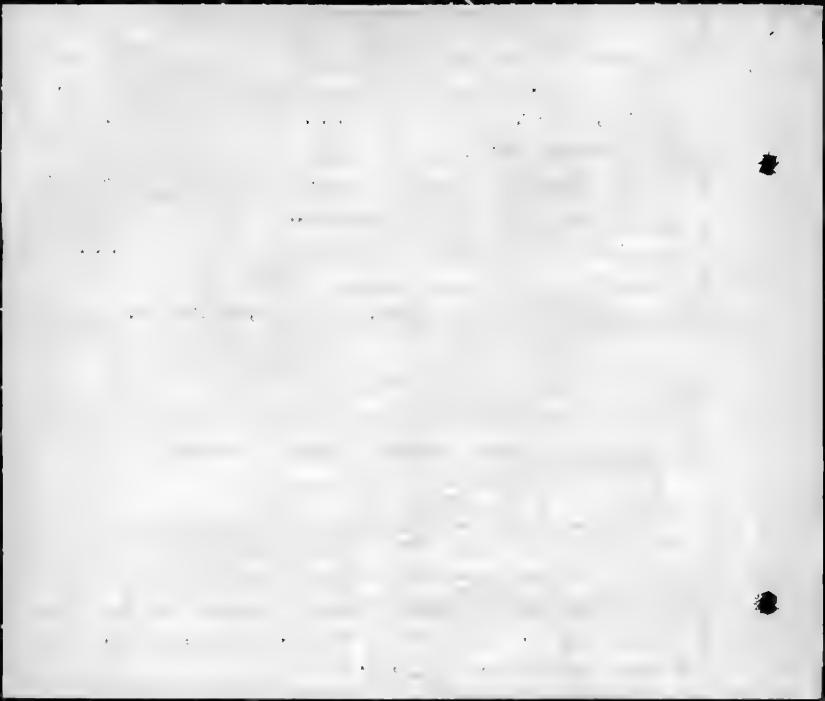


### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7949

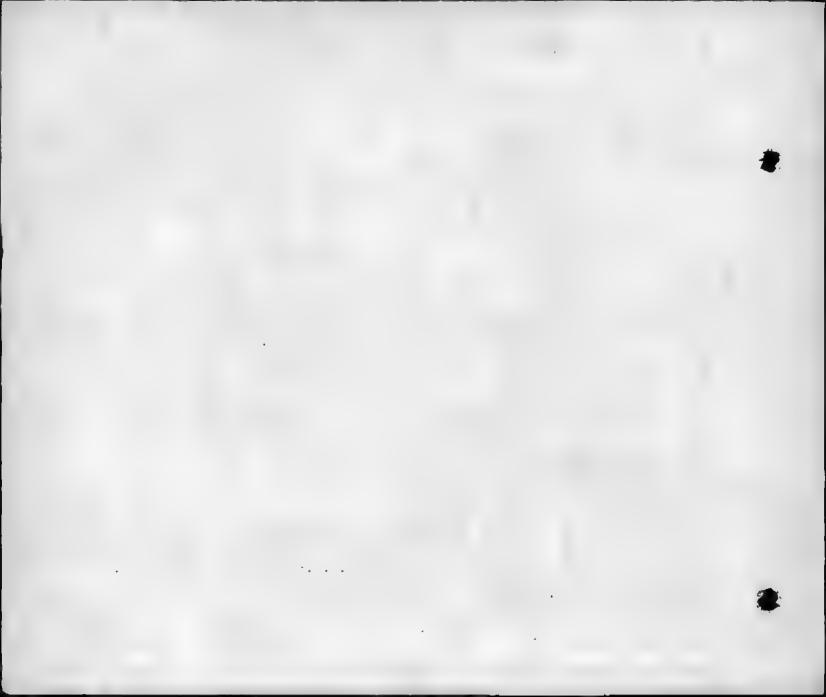
**CERTIFICATE OF DEATH** 

07938 Dam Diet Me

$\vdash$	- 11 - 17				Keg. D	7131, 140.
	PLACE OF DEATH		2. USUAL RESIDENCE (Who, STATE		If institution, Reside	ence before admission)
	Dorchester Co.	MARYLAND	Marobaro	1		nester Co.
	<ul> <li>CITY OR TOWN (If outside carparate limits, w RURAL and give nearest tawn)</li> </ul>	rite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	utside corporate limit	s, write RURAL and	give nearest lawn)
	Cambridge, Maryland,	1 Hav	#R.F.D.# 2	Cambride	e. Maryla	and.
	d. NAME OF HOSPITAL (If not in hospital, give to OR INSTITUTION	street address)	B. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
L	Cambridge Maryland Ho	snitel	None			YES NO D
3.	NAME OF First DECEASED	Middle	Lost	4. DATE	Month	Doy Year
	(Type or print) Carrie	Kirch	Kuebler	OF DEATH	7	3 1960
5.	SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	P. AGE		R TYEAR IF UNDER 24 HR
	Male White W	DOWER DIVORCED	1/11/1878	82		Days Hours Min.
10c	<ul> <li>USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)</li> </ul>	10b. KIND OF BUSINESS OR INDUS	TRÝ 11. BIRTHPLACE (State	ar fareign country)	12. C	ITIZEN OF WHAT COUNT
	Housewife	Housewife	Germany			U.S.A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME		7
	Unknown		Uni	mown		
15.	WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. II	IFORMANT		Address	
(14	n, no, or unknown) [If yes, give war or dates of service	No Mr.	. Henry Kuehl	Ler. Cambr	idge. Md.	
-	18. CAUSE OF DEATH [Enter only one cause		Henry Knen	TOPINO!	TOSE - MIT	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	(Push	al Hei	a salah	200	ONSET AND DEATH
	IMMEDIATE CAUSE (a)	CITCOT	a //CM	OVE	25.5	- rolay
	. 7	alon one	linas A	wto.	sclerosi	10 10 10
	Canditions, if any, which (b)	JENEVA.		CEVIO-	(d( ros)	JUYKS
	couse (a), stating the under-	8				/
z	PART II. OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT	NOT PELATED TO THE TERMI	NAL DISEASE CONDI	TION COVENI DI DA	PT VOLID WAS AUTOPS
CERTIFICATION	TARI II. OTREK SIGNIFICANT CONDITI	ONS CONTRIBOTING TO DEKIN BOT	NOT KEDATED TO THE TERMI		TION GIVEN IN PA	PERFORMED?
RTIF	OR CONTRIBUTING CAUSE OF DEATH	. DESCRIBE HOW INJURY OCCURRED	). (Enter nature of injury in f	Part I or Part II of ite	m 18.)	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)					
MEDICAL			CE OF INJURY (Home, form, lary, street, affice bldg., etc.	20f. (City or tawn)	1	(County) (Slate
MED		While Not while Too	nory, sireer, ornice ologi., etc.			
	21. I certify that Lattended the de	ceased from 7/2	1960 10	7/2	196 à that I	last saw the decea
	alive an 7/3/6	19, and that death	(177)	A from the c		the date stated abo
	3	)		ADDRESS (Street, city		DATE SIGN
	ACTUAL GUYENE	Mangement	M.D	136 RE	ice St	7/5/
	PHYSICIAN'S Lawrence	Le Maryano	V	-ambr	idge 1	nd
220	BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OF		22d. LOCATION (Cit	y, tawn, ar caunty)	(State)
	Burial 7/8/1960.	Dorchester 191	emorial Park.	Cambride	e. Maryla	and.
23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'I	D BY REGISTRAR 2	46. REGISTRAR'S SI	
	Le Compte Funeral Serv	rice. Cambridge. 1	Ida DATE JU	L 8 '60	arthur 2.	Kroue



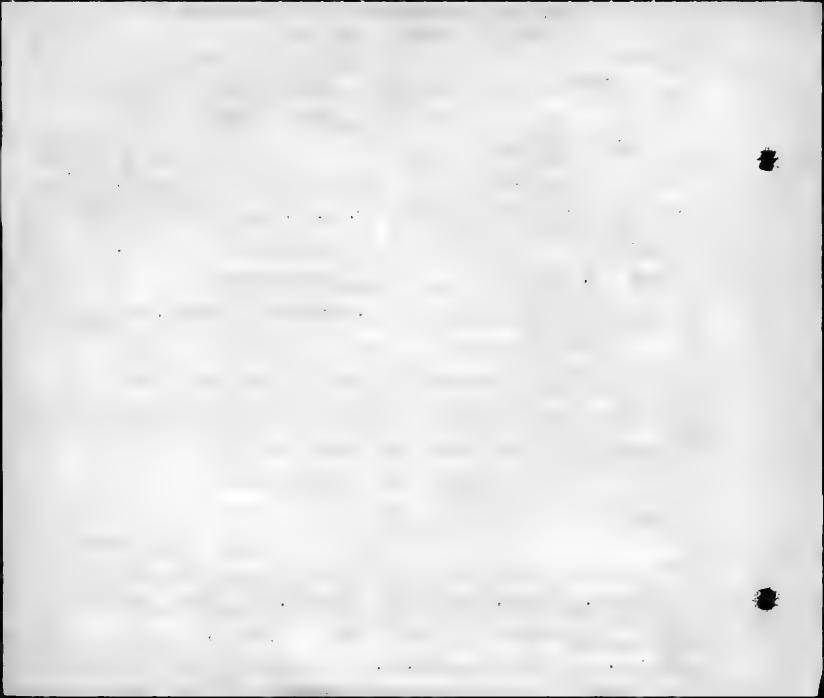
within 24 hours after death.



07940

<u> </u>			13117	951(111	147		167-111			Reg. Dist	No.	
t.	PLACE OF DEATH					2. USUAL RESI	DENCE (WI	here deceased live	d. Il institutio	on: Residence	before a	Imission)
o. COUNTY  Dorchester				MARYLI	UND	o STATE			b. COUNTY			*
-	b. CITY OR TOWN (II		ite write	c. LENGTH OF STAY IN	1 1h		aryla		1 1 1 0	Talb		
	RURAL and give ne	aresi town)		C. CLINGIN OF SIXI II	` "	E. CITT OK I	OWN (III	outside carparate l	imits, write K	nkwr aug Bi	ve negresi	iown)
_	Hurlock			1 day		Ru	ral	East	ion			
	d. NAME OF HOSPITA	At (If not in haspital, g	give street	oddress)		d. STREET A	DDRESS	fis.			e. 15	RESIDENCE
	Fisher	Nursing H	ome		-			War.	100	atting \$		N À FARM?
3.	NAME OF	Fir	nd	Middle		las		4. DATE	44			
	DECEASED (Type or print)			771001E				OF DEATH	Mon	m	Day	Year
-	SEX	14 00100 00 0100	EDIT	н	_ 1.	LEWIS				uly 2	Constitution of	19 60
3.	2EX	6. COLOR OR RACE		IED NEVER MARRIED	_	DATE OF BIRTH	4	9. A	GE (In years ist birthday)			NDER 24 HRS
	female	white	WIDOWI	ena a	_ 11	oct. 23.	1871		BR yrs		7075 1710	Min.
100	. USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPL	ACE (State	ar fareign country	1)	12. CITIZ	EN OF W	HAT COUNTR
	housewi	_	'			1 カ				11	1.7	
13.	FATHER'S NAME	T.E.				14. MOTHER'S	MAIDEN	√€ VAMF		<u> </u>	W	
								17-0-712				
<u></u>	Albert_	G. Hall	OTEO I.		I		line	Choate				
		l IN U. S. AKMED POK If yes, give wor or dates of s		SOCIAL SECURITY NO.	17, IN	FORMANT			Addr	229		
L	10				Mr	s. Caro	1 Mni	r	Easton	Mam	rland.	
Г	18. CAUSE OF DEA	TH [Enter only one co	use get lin	ne for (a), (b), and (c).]			01				<del></del>	L BETWEEN
ı		H WAS CAUSED BY:	150	truinde		11/1	( n.	1-1200	,		ONSET A	NO DEATH
	7 6	IMMEDIATE CAUSE (o		11600		1.67		0,70,11			14	Section 1
	6. 19 3	DUE TO	(1)	VI	1.				7		-7	
ı	Conditions, if an		, 40	urch in pal	4 -	作スミュー	SRN	e ia ly	33 ~		14	eri.
	gove rise to in cause (a), stating t		)				0	17				
	lying couse last.	) (c	1									
×	PART II. OTH			ONTRIBUTING TO DEAT	H BUT N	OT RELATED TO	THE TERM	INAL DISEASE CO	UDITION GIV	FN IN PART	trat 10 W	AS AUTOPSY
Ě					_				10	PIA AIA I OKI	PE	RFORMED?
5	20- ACCIDENT MA		00L D.C.								YES	
MEDICAL CERTIFICATION	20a, ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEATH	200. DESC	CRIBE HOW INJURY OCC	URRED.	(Enter nature at	injury in	Part I or Part II of	ifem 18.]			
Ų				ハセル								
ŭ	20c. TIME OF INJURY	Month, Day, Yes			De. PLAC	E OF INJURY I	lome, form	, 20f. (City or to	wn)	(Co	unity)	(Slate)
4ED	Hour a. n.	19	While of worl	Not while of work	racto	ery, street, office	bldg., etc	-)				
1				7	1	- ( )	7					
	21. I certify the	at I attended the	deceas	ed from // /		, 19	, to/	7-11-7	_			he deceasi
	alive on		, 1 <u>2./</u> ,	مرکبر, and that d	leath c	occurred at.	<u> </u>	ZYV, Grom, the	e causes a	nd on the	date si	lated abov
	1 /i.	110.		11 7				ADDRESS (Street,	city or town, ;	Ligite)	1	PATE, SIGN
	ACTUAL SIGNATURE	Clau	11	Wille	Lou	. 2/	03.	Dans	11.	MAN	with	1 1/41
	,				- //1				<u> </u>	-E	DYL. S	
	PHYSICIAN'S NAME (Type)	Dr. Willis	ım I	Wintana		Davis	m C+	17		Ma anni		
22/	BURIAL CREMATION						r_St.		aston,		and_	
١.	_ REMOVAL (Specify)			22c. NAME OF CEMETI		_		22d. LOCATION		r county)	(	Stale)
_	Burial		1960	Spring H:	Ш	Cemeter	-	Easton				
23.	FUNERAL DIRECTOR'S			ADDRESS				D BY REGISTRAR		TRAR'S SIGN		
_	Maurice E	. Newnam &	Son	Easton,	Md.		DATEJU	L 7 '60	Cint	Lung L. T	· ·	
_										1000		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



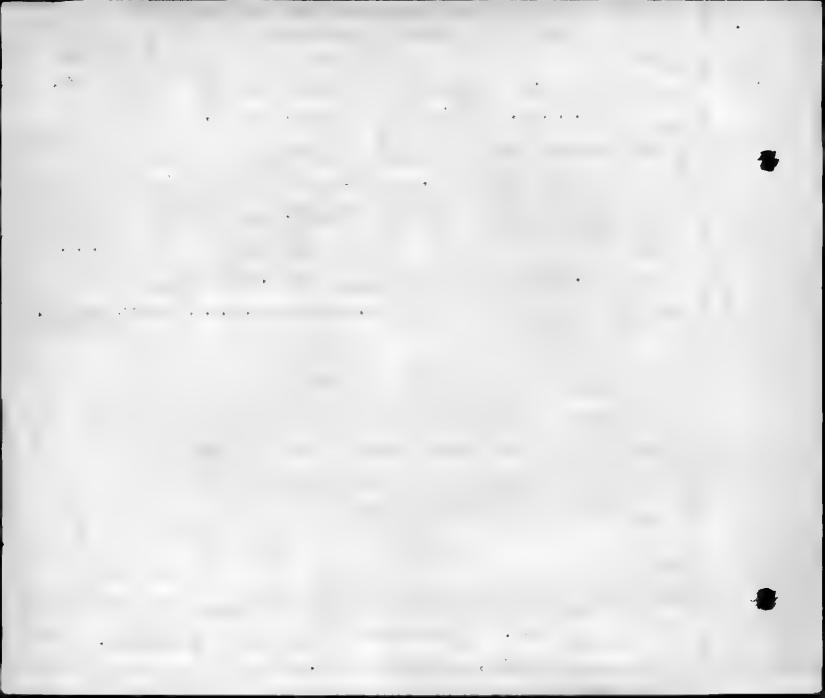
# TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician. TO FUNEDAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 let be detached for use as the buriat-transit permit. Then please remove carbon pages. Pages discharged by should be filled with the regiment prior to burial, cremation, ar remanal, and in afty event within 72 haurs after death.

VS A15 (4) 15M 9/55 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

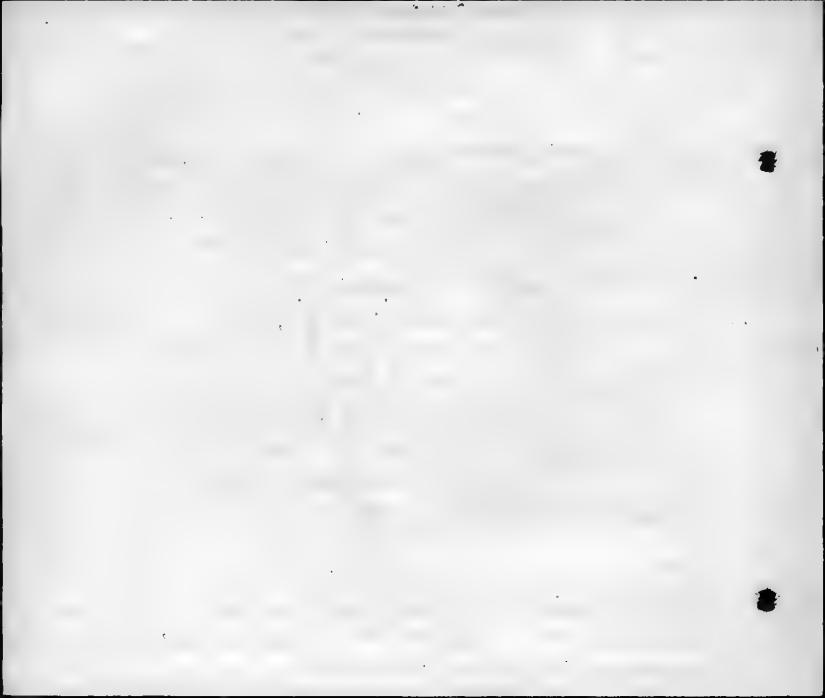
7969 CERTIFICATE OF DEATH

Reg. Dist. No. 07942

MARYLAND   35							
Porchester Co. Maryland Dorches	d. STATE b. COUNTY  Maryland Dorchester fin						
b. CITY OR TOWN (If autside carporate limits, write RURAL and give RURAL and give nearest tawn)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (If autside carporate limits, write RURAL and give							
Hurlock, R.F.D. Md. Life Hurlock, Maryland. d. NAME OF MOSPITAL (If not in hospitol, give street oddress) d. STREET ADDRESS	In Beelmeyies						
OR INSTITUTION	e, IS RESIDENCE ON A FARM?						
None None	YES THO						
3 NAME OF First Middle Last 4. DATE Month OF	Day Year						
A. Hoer	15 19 60						
last birthday) Manths Day	EAR IF UNDER 24 HRS						
Female White WIDOWED DIVORCED 8/5/1890 69 vn.							
during most of working life, even if retired)	N OF WHAT COUNTRY?						
Housewife Housewife Guelph, Canada	U.S.A.						
13. FATHER'S NAME							
William C. Langtry Anna C. Messenger							
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  [Yes, no. or unknown]   I'l yes, give war or dates of service)							
No No No No Mrs. Ceorge Austin, R.K.D. Hurlock	Marriand						
18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN						
PART I. DEATH WAS CAUSED BY: 1-1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DNSET AND DEATH						
DUE TO							
200000000000000000000000000000000000000	1002121						
Canditions, if any, which gave rise to immediate	/ Xeal						
cate (a), stating the <u>under-</u>							
lying cause fast. (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a	D) 19. WAS AUTOPSY PERFORMED?						
	YES NO N						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0  200 ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18.)  OR CONTRIBUTING 200. CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)							
	nty) (State)						
20c. TIME OF INJURY Manth, Day, Year 20d. tNJURY OCCURRED While Nat while factory, street, affice bidg., etc.)    20c. TIME OF INJURY Manth, Day, Year 20d. tNJURY OCCURRED factory, street, affice bidg., etc.)							
21. I certify that I attended the deceased from July 2-0, 1957, to Just 15, 1960, that I last	t saw the deceased						
alive on TULY 1960, and that death occurred at 1 34 M, from the causes and on the	date stated above.						
ADDRESS (Street, city or town, state)	DATE SIGNED						
SIGNATURE SECTION STEELES M.D. LOCKS ST							
PHYSICIAN'S LOCKS A. BUILDETTE CO. 2/2/2/2/2/2/2/							
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)	(State)						
Burial 7/17/1960. Christ Espisopial Chruch Cambridge Cambridge	a						
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNA							
Le Compte Funeral Service, Cambridge, Marylandpare JUL 26'60 Cirllan 3. 7	Cealith						



death. Page

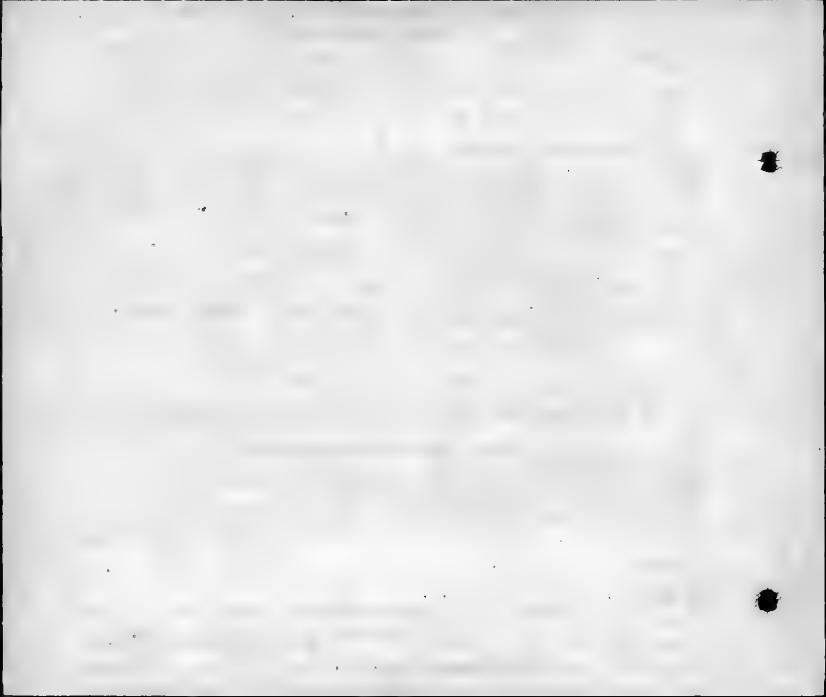


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 117943 7950 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) filed 1 a. COUNTY b. COUNTY Dorchester MARYLAND Marvland Dorchester b. CITY OR TOWN (If outside corporate limits, write funeral c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) Cambridge Cambridge d. NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Cambridge Maryland Hospita YES | NO F Center Street NAME OF Middle 4. DATE Day Year DECEASED (Type or print) William DEATH Marine July 19 60 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Male WIDOWED IT DIVORCED T Negro YES 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Laborer Laborer Dorchester County. Md USA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME offer physician hours Joseph Dudlev ATverta Marine 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT Address 7-10-8421 Elzev Marine Cambridge. 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatosis DUE TO Conditions, if any, which gave rise to immediate **D**UE TO cattle (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19. WAS AUTOPSY PERFORMED? YES NO 20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY I Hame, form, 20d. INJURY OCCURRED Day, Year 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) Hour a.m. While Not while of work of work . 19 60, to July 21. 19 60 that I last saw the deceased 21. I certify that I attended the deceased from April 1 . 19. 60%, and that death occurred at \_\_\_\_\_\_M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE ne St-Cambridge Md. PHYSICIAN'S Edwin Fassett M.D. NAME (Type) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL CREMATION. 22d. LOCATION (City, town, or county) (Stole) REMOVAL (Specify) Buria 960 Bethel Cemetery Cambridge. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A1S (4) Cambridge. DATE AUG 5 arthur S. Kinus

24 hours ofter deoth.

within ?



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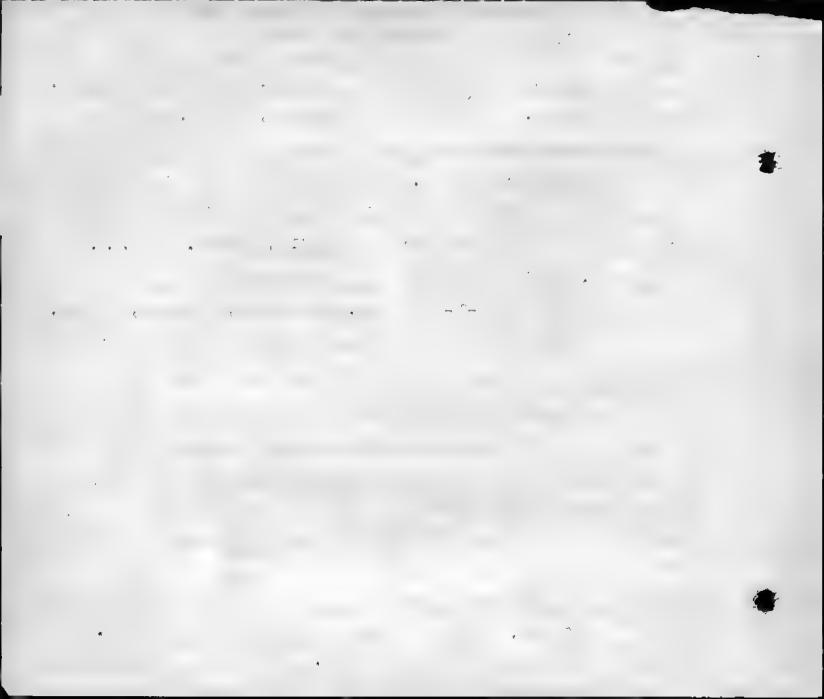
MARYLAND STATE DEPARTMENT	OF HEALTH—BALTIMORE, 1	8
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7951 CERTIFICATE OF DEATH

07944

	1 17 17	· .	021(11110)	AIL OI	PE/111	•		Reg. Di	st. No.	
1. PLACE OF DEATH				2. USUAL RES	IDENCE (WI	ere deceosed	lived. If institu	Iron: Residen	ce before adm	ission)
	chester Co.		MARYLAND	o. STATE	arvlan	d	b. COUNT		ester (	Co
	(If outside corporate limit	s, write	c. LENGTH OF STAY IN 16	1			rote limits, write			
Cambridge			2 Weeks	To	14v411	e. Mai	bee from			
d NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, gi	ive street o	oddress)	d. STREET			A THUIL			ESIDENCE A FARM?
	Maryland H			No	1.6					□ NO [2]
3. NAME OF DECEASED	Fire	ıł	Middle	lo	st	4. DATE OF	Me	nth	Day	Year
(Type or print)	Wesbst	er	W_	Meredi	th	DEATH		7	19	19 60
S. SEX	6. COLOR OR RACE	7. MARRI	ED T NEVER MARRIED	B. DATE OF BIRT	ТН		9. AGE (In year lost birthdoy)		TYEAR IF UN	
Maile	White	WIDOWE			384		76 yr	Months	Doys Hour	s Min.
10a. USUAL OCCUPATI during most of wor	ON (Give kind of work dirking life, even if retired)	lone 10b. I	KIND OF BUSINESS OR INDE	ISTRY 11. BIRTHA	LACE (Stote	or foreign co	ountry)	12. CIT	IZEN OF WHA	AT COUNTRY
Store Keer	per	S	tore Keeper	Tode	dville	Mary	rland	U.	S.A.	
13. FATHER'S NAME				14. MOTHER	S MAIDEN N	IAME				
	ry C. Meredi		<u> </u>	De	erinda	Todd				
15. WAS DECEASED EV (Yes, no. or unknown)	ER IN U. S. ARMED FORG	TES? 16. 9	SOCIAL SECURITY NO. 17.	INFORMANT			Ad	dress		
No	No	2	20-32-1057	Mrs. Lui	la Mer	edith.	Toddy	111e.	Maryla	nd.
18. CAUSE OF DE	ATH [Enter only one cou	use per lih	e for (a), (b), and (c)	1/					INTERVAL	
PART I. DE.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Ca	retral	Aten	200	The	01'		ONSET AN	60
33/	A DUE TO		_ /				X		1///	
Conditions, if	ony, which } this	£	Esteries	3000	-0-2	1-1	0			
gove rise to	immediate DUSTO	/	~ (/LAZ CA-1)				•			-
cottse (o), stoting lying couse fost.	THE GROSS-									
PART II. OT		DITIONS C	ONTRIBUTING TO DEATH BU	NOT RELATED TO	O THE TERMI	NAL DISEASI	CONDITION G	VEN IN PAR	T 1(a) 19 WAS	S AUTOPSY
X		-							PERF YES T	ORMED?
E 20a ACCIDENT W	AS UNDERLYING	20b. DESC	RIBE HOW INJURY OCCURR	D. (Enter noture	of injury in (	Port I or Port	II of item 18.)		1,50	7 110
PART II. OT	G CAUSE OF DEATH			•						
3 20c. TIME OF INJU	RY Month, Day, Yea	r 20d, IN	IJURY OCCURRED 20e. P	ACE OF INJURY	(Home, form	, 20f. {City	or town)	10	County)	(State)
ZOC, TIME OF INJU	19	While of work	Not while fo	ictory, street, affic	e bidg., etc.	)	·	,	,,	(3.5.5)
-	hat I oftendad the		7/.,	10 60	2 1- 7	Via	106	20.1		
1	hat_I aftended the	decease	^		-, (	//			last saw the	
alive an	ر جخور از از از	15.FE	2, and that deat	accurred at		,M, Tran ADDŖEĢS (SI	the causes	and an th		ited abave Date signer
ACTUAL	14 7	EE.	en Vs		104	900	A CAN A	51	1	h all
SIGNATURE	777	1		.M.D	0	Noc	<u> </u>	21.		760
PHYSICIAN'S NAME (Type)	N. HTA	-N1	KS (75)	(	Arci	321	)60.	Ma	<u>Č.,</u>	/
220. BURIAL, CREMATIC	ON, 226. DATE THEREO	F	22c. NAME OF CEMETERY O	R CREMATORY			ION (City, town,			ote)
REMOVAL (Specify BUTTAL	7/22/196	0,	Dorchester Me	morrial J	2amic	Cam	bridge,	Maryla	and.	
23. FUNERAL DIRECTOR	R'S SIGNATURE		ADDRESS		240. REC'	D BY REGIST		ISTRAR'S SIC		
La Compte	Funeral Ser	TVICE	, ambridge,	Maryland	DATE #	WG 1	60	Thilling 2	1 Thouse	

VS A1S (4) 1SM 9/55



Items 8,9 FilmG268 8-5-60 et CERTIFICATE OF DEATH Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY **b.** COUNTY Dorchester Co. MARYLAND Marvland Dorchester. Co. b. CITY OR TOWN (If outside corporate limits, write unero c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town Cambridge, Maryland. Days. Aireys. Maryland. d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS . IS RESIDENCE ON A FARM? Cambridge Maryland Hospital None YEST NO NAME OF Middle 4. DATE Lost Month Day Year DECEASED (Type or print) Walter Neal Sr. DEATH 2 19 60 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9 AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH Months Days Male White WIDOWED IX DIVORCED [7] 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Remer Farmer Maryland U.S.A. ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ğ physician John Neal Josephine Wheatlev remove (72 hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 2 No No Mr. Joseph Neal, Aireys. attending No Marvland e0se 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ᆸ PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Cerebral Hemorrhage 9 days Then event DUE TO ۵ permit. ony Conditions, if ony, which (b), peen signed gove rise to Immediate **DUE TO** Vosador cosse (a), stating the underond lying couse lost. buriol-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO I CERTIFI 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc. Hour 0. 10 While Not while at work of work 21. I certify that I attended the deceased fram. , 19\_\_\_\_,that I last saw the deceased ached alive or and that death occurred at .M, from the causes and an the date stated above. DIRECTOR: ADDRESS (Street, city or town, state) DATE SIGNED **ACTUAL** 200 Maryland Avenue 7--7 3--60 SIGNATU т CAMBRIDGE, MARYLAND PHYSICIAN'S NAME (Type) FUN 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) poge REMOVAL (Specify) /11/1960 Burrial Darchester Memorial Cambride 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR Le Compte Funeral Service, Cambridge, Md. DATE JUL 2 8 160 VS A15 (4)

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15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



7953 CERTIFICATE OF DEATH

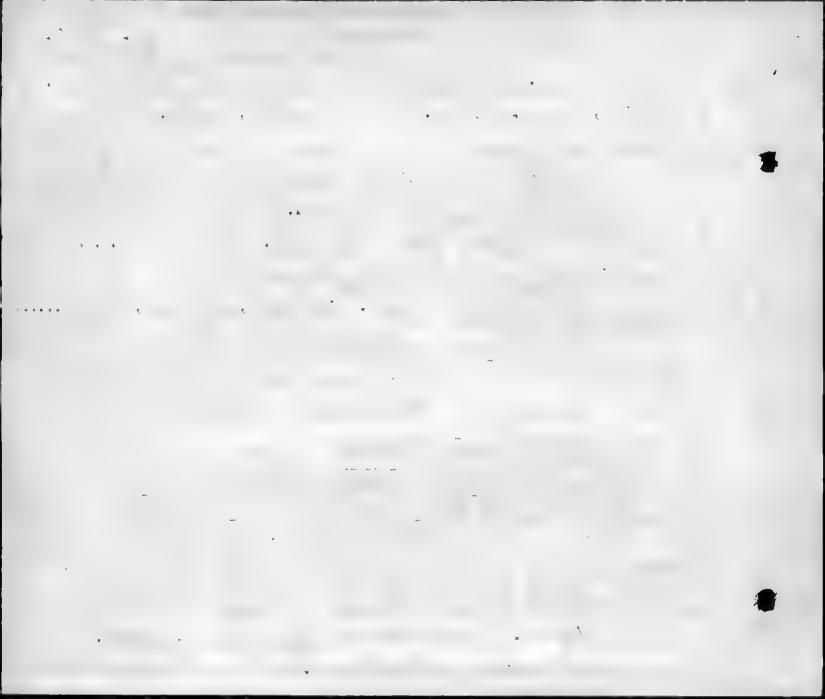
8 0794.7 Rea. Dist. No.

	4 42 77 7		QEICITI I	9.711					Reg. D	ist, No.		
1. PLACE OF DEATH				2.	USUAL RESIDENCE	(Whe	re deceased			nce before o	admissian)	-
Dor	chester Co.		MARYLAI	ND	o. STATE Mary	lan	d	b. COUNTY		heste	r Co.	
	f autside corporate limits, v	vrita c. LE	NGTH OF STAY IN	1Ь	CITY OR TOWN			rate limits, write				
	ge, Maryland.	. 5	Days.		Corne	rwl	110.	Marvland	1.			
d. NAME OF HOSPIT	AL (If not in hospital, give	street addres	s)		d. STREET ADDRES			7 2, 460.1		• 1	S RESIDEN	4CE
	Maryland Hos			1	None						ES NO	
3. NAME OF DECEASED	First		Middle		lest		4. DATE	Mo	nth	Day	Year	
(Type or print)	Milton	2	Davi	8	North		OF DEATH	7		10	196	50
S. SEX	6. COLOR OR RACE 7.	MARRIED	NEVER MARRIED	8. D	ATE OF SIRTH			9. AGE (In years		R TYEAR IF		
Male	White w	DOWED 🔲	DIVORCED [	5 6,	20/1887-	•		lost birthday) 73 yrs	Months	Days H	lours A	Vin.
IOG. USUAL OCCUPATION	N (Give kind of work done	10b. KIND	OF BUSINESS OR	NDUSTRY	11. BIRTHPLACE (S	tole o	r foreign co	ountry)	12. CI	TIZEN OF V	WHAT COL	JNTRY?
Carpente	ing life, even if retired)	Scho	ol Board		Marvl	and				U.S.A		
13. FATHER'S NAME				14	MOTHER'S MAID	EN NA	AME					
Benjar	nin North				UnKno	WII.						
15. WAS DECEASED EVE	R IN U. S. ARMED FORCES	? 16. SOCI/	L SECURITY NO.	17. INFO	MANT			Ade	dress			
No	(If yes, give worky dotes of service	" Un	known	Mrs	Miltion	No	rth.	Cornervi	lle.	Maryl	and.	
18. CAUSE OF DEA	iTH [Enter only one couse	per line for	(a), (b), and (c).]							INTERV	AL BETWE	EN
PART I. DEA	TH WAS CAUSED BY:	Cardi	ac and Re	nel '	Rei lure						HOUTS	
4			mbolus le			ter	***				days	
Conditions, if a	*		emipleria			001	J				days	
gave rise to it cosse (a), stating	mmediate ( put to		The state of the s		6.1.5							
lying cause last		Arter	ioscleros	is.	generaliz	ed				unk	cn.own	
PART II. OTH	ER SIGNIFICANT CONDITI	ONS CONTR	BUTING TO DEATH	BUT NO	RELATED TO THE T	ERMIN	IAL DISEAS	CONDITION GI	VEN IN PA	(T 1(o) 19.	WAS AUTO	DPSY
5 Diabe	tes mellitus	, mild	- (known	3 y	ears)						ES NO	
E 20g. ACCIDENT WA	S UNDERLYING ET 201		HOW INJURY OCC			y in Po	ort I or Port	II of item 18.)				
	CAUSE OF DEATH MEDICAL EXAMINER)											
20c. TIME OF INJUR			- 1	e. PLACE	OF INJURY (Home, street, affice bldg.	form,	20f. (City	or lown)	(	(County)	(	State)
Hour o.m.			Not while of work	rocioi y,	street, dirice ping.	, eic.j						
21. I certify th	at I attended the de	ceased fr	am 6-20	-60	_, 19, ta_		7-10-	60 19	that I	last saw	the dec	eased
	-10-60		, and that de									
-	1.0	1/						rest, city or town		no date		SIGNED
ACTUAL SIGNATURE	durch H.	409	er-	M.D.	15 Locu	st	Stree	t. Cambi	ridge.	Mā.	7-11	1-5
	4	//	U									
PHYSICIAN'S NAME (Type)	Eldridge H.	Wolff	, M.D.									
220. BURIAL, CREMATIC	N, 22b. DATE THEREOF	22c	NAME OF CEMETE	RY OR CR	EMATORY	12	22d. LOCAT	ION (City, town,	or county)		(State)	
REMOVAL (Specify) Burial	7/13/1960	G	reenlaum	Cemet	ATV		Cam	bridge	Marrel	and		
23. FUNERAL DIRECTOR			ADDRESS	- تيميس	240.	-	BY REGIST	RAR 246. REG	ISTRAR'S SI	GNATURE		
To Compto	T	-3				1156	2 6 '6	0 (7)	thung &.	1 CANADA		

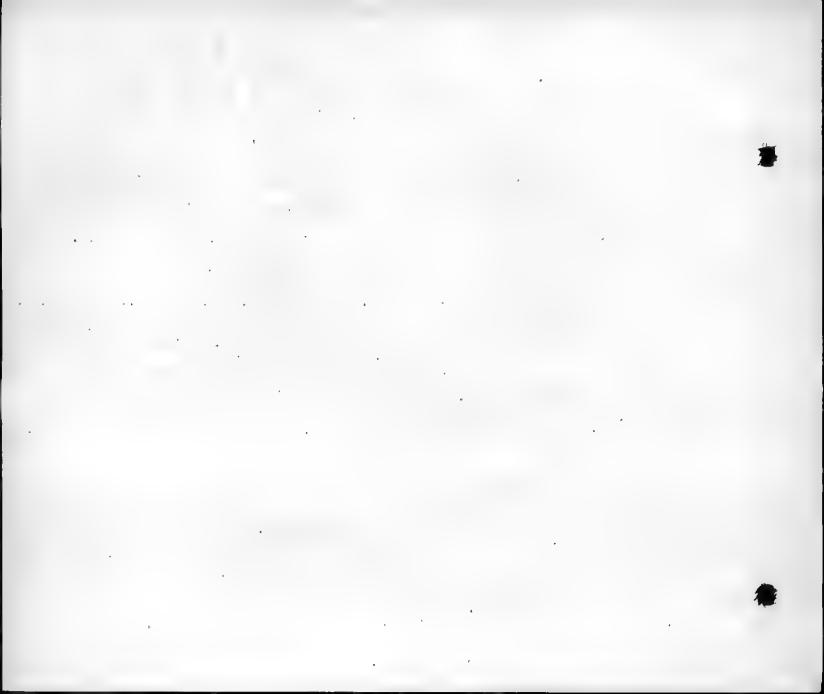
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be relained by the hospital or attending physician.

TO FUNR: DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funetal director, page. Id be detached far use as the burial-transit permit. Then please remove carbon papers. Pages to a should be filed with the regression prior to burial, cremation, or removal, and in any event within 72 thougs ofter death.

TY



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



CERTIFICATE OF DEATH 7971 Reg. Dist. No. director, Page 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY should be filled b. COUNTY MARYLAND Maryland Dorchester Co. Dorchester Co. death. era b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) Wingate. Marvland Wingate. Maryland. d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO T None NAME OF First Middle 4. DATE Last Month Day Year DECEASED (Type ar print) DEATH Powley 1960 Jesse within S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years lost birthday) Months Days Hours WIDOWED TO DIVORCED T R7ym. Male White 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Sea Food Maryland, Dorchester Co U.S.A Waterman 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME remove Rebecca Powley physici Robert Powley IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address attending Powley. Wingate. No ease 18. CAUSE OF DEATH [Enter only one couse per ling for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO permit. Conditions, if any, Which gove rise to immediate DUE TO cotise (a), stating the underpuo lying couse last burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 17. WAS AUTOPSY PERFORMED? NO. CERTIFI 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, [Enter noture of injury in Port I or Port II of item 18.] (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) (County) (Slote) factory, street, office bldg., etc.) Hour o. m. While Not while of work of wark p. m. 50 that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at\_\_\_\_\_ alive on .M., from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) page REMOYAL (Specify) 1, 1,960 Burial Dorchester Memorial Park. Cambridge, Maryland, 2 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Le Compte Funeral Service, Cambridge, Maryland VS A1S (4) 1SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4 \* \* \* \* \*

24 hours ofter death.

within



VS A15 (4) 15M 9/5B

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7956

**CERTIFICATE OF DEATH** 

07951

						Reg. Dis	t. No.
o. COUNTY	Dorchester	MARYLAND	o. STATE	ence (Who	1	If institution: Residences. COUNTY Doroh	e before admission)
	V (If outside corporate limits, write	c. LENGTH OF STAY IN 16	1	Ψ		nits, write RURAL and g	
RURAL and give	Cambridge	entire life	H // .	lambri	_		, , , , , , , , , , , , , , , , , , , ,
d. NAME OF HOS	PITAL (If nat in hospital, give street	et address)	d. STREET A	DDRESS			e. IS RESIDENCE ON A FARM?
	Glasgow Convale	scent Home		405 A	cademy s	treet	YES NO T
NAME OF DECEASED (Type or print)	First Lillie	Middle Anne	Los Rumbi		4. DATE OF DEATH J	Month uly 13,1960	Day Year
5. SEX	6. COLOR OR RACE 7 MA	RRIED NEVER MARRIED	B. DATE OF BIRTI	1	9. AG		YEAR IF UNDER 24 HRS
Female	White woo	WED X DIVORCED	Septembe	er 2,1	.850	99 yrs. Months	Days Hours Min.
00. USUAL OCCUPA during most of w Homemake:	TION (Give kind of work done 10 vorking life, even if retired)	b. KIND OF BUSINESS OR INDU			or foreign country)		U.S.
3. FATHER'S NAME			14 MOTHER'S			A TEITIG	0.00
	Marcellus Slacu	0		enia K			
	EYER IN U. S. ARMED FORCES? 1		INFORMANT	Strater D	reyes	Address	
(Yes, no, or unknown) NO	(If yes, give wor or dates of service)			Ley,12	26 Glasgo	W St., Cambi	ridge,Md.
Conditions, if gove rise to couse (o), stating lying cause los	immediate DUE TO	5 CONTRIBUTING TO DEATH BU	T NOT RELATED TO	THETERMI	nal disease con	DITION GIVEN IN PART	PERFORMED?
T (IF EITHER, NOTI	WAS JINDERLYING [] 20b DI NG [] CAUSE OF DEATH FY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	ED. (Enter nature o	Finjury in P	ort I or Port II of	item 1B.)	YES NO
20c. TIME OF INJ	n. Whi		ACE OF INJURY (Inclory, street, office	tome, form, bldg., etc.	20f (City or tov	vn) (C	ounly) (State
21. I certify alive an	that I attended the decer 2 JULY, 19 W.S. June		EB, 19.4.		M, fram the co	auses and an the	date stated above
PHYSICIAN'S NAME (Type)	W.E.G	UNBYUR	2. C	du	bu	tge :	Ind
220 BURIAL CREMAT REMOVAL (Speci Durial		22c. NAME OF CEMETERY CO				City, yown, or county)	(Stote)
23. FUNERAL DIRECTO		ADDRESS  Cambrid		240. REC'D	BY REGISTRAR	24b REGISTRAR'S SIG	



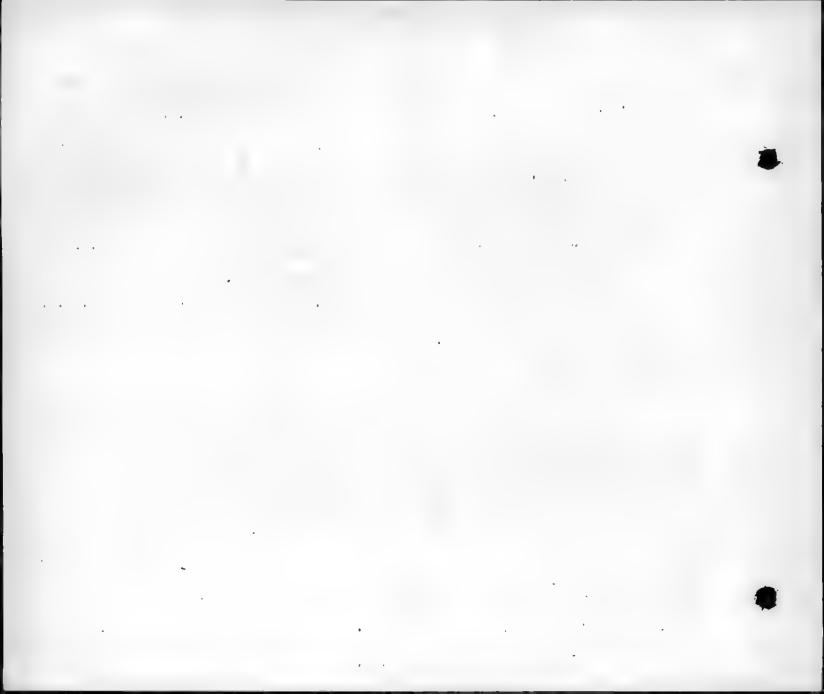
VS A1S (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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7972 CERTIFICATE OF DEATH

07952

						· .
PLACE OF DEATH		ALABAH AND	2. USUAL RESIDENCE (Who as STATE	ere deceased lived. If in b. CO		fare admission)
	Dorchester	MARYLAND	Marylar		Dorche	ster
<ul> <li>b. CITY OR TOWN</li> <li>RURAL and give</li> </ul>	(If autside corporate limits, write nearest tawn)	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If o	utside carporote limits, v	vrile RURAL and give a	earest lawn)
Fast	New Market R.D.	56 years	East Ne	w Market R.	JD	
d NAME OF HOSP OR INSTITUTION	ITAL (If nat in haspitar, give street I	address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
	Rural		Rural			YES NO
3. NAME OF DECEASED (Type or print)	Fisi William R	Middle Frederic	k Schlueter	4. DATE OF DEATH THIS	Manth 1	Day Year
S. SEX	6. COLOR OR RACE 7. MAR		B. DATE OF BIRTH	19. AGE (In	years TIF UNDER 1 YEA	AR IF UNDER 24 HRS
Molo	White   WIDOW		A A . A . OV. D	last birth	yrs. Manths Days	Haurs Min.
Male  10a, USUAL OCCUPAT	ION (Give kind of work dane 10b.	THE SECOND SECON	AUGUST / 1867			OF WHAT COUNTRY
during most at wa	rking life, even if refired)		JINI III BINTIN BIGE (SIGIO	ar ratingir country;		OI WHAT COOKING
	Farmer self emp	Loyed	Baltimo		U	-S-
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	AME		
Aug	ust Schlueter		Louise	Kreuger		
IS WAS DECEASED EV	ER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO.	NFORMANT		Address	
No	(11 )41, 911 113 11 113 11 113 113	none	dward A.Schlue	eter, East Ne	ew Market, M	d.,R.D.
18. CAUSE OF DE	ATH [Enter only one couse per li	ne far (a), (b), and (c).]			IN	TERVAL BETWEEN
	ATH WAS CAUSED BY:	Areson .	1. B()	2) DER	OI	SET AND DEATH
	IMMEDIATE CAUSE (0)		1247		/	
		SENILI				
Conditions, if		26 ~ 141	<u> </u>			
cause (a), staling	the <u>under</u> DUE TO					
lying cause last						
ZOG. ACCIDENT WORK CONTRIBUTION (IF EITHER, NOTIF	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM!	NAL DISEASE CONDITIO	ON GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMER? YES NO M
20g. ACCIDENT W	AS HINDERLYING TO 20h DES	CRIBE HOW INJURY OCCURRE	D. (Fater nature of injury in P	Part Lar Part II of item 1	18.1	TO TO A
	AS UNDERLYING A 20b. DES G CAUSE OF DEATH Y MEDICAL EXAMINER)	CAIDE HOW HAJORI OCCURRE	e, tand nature of injury in t	on ratings was now		
		L.	ACE OF INJURY (Hame, farm	20f (City or town)	(Count	y) (Stale
Havr a.m.	10	INGI WINIE	clary, street, affice bldg., etc.	1		
		50	20(7. 7	120 1	60	
	hat attended the deceas		, [9 <u>44_C5</u> , T0	£	969hat I last so	aw the decease
alive an	19.0	eg_, and that death	accurred at 1;45			
I C	11/276			ADDRESS (Street, city or	lown, state)	DATE SIGNE
ACTUAL SIGNATURE	11000 C		MD. 104	40cus	7	1/21/6
PHYSICIAN'S NAME (Type)	N. H. HANK	es Mi)	CAN	BRIDE	E Ma	, / 4
220 BURIAL, CREMATI	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City, 1	lawn, ar caunty)	(Stale)
REMOVAL (Specify	July 22,1960	East New Mar!	•		farket. Md.	1
23. FUNERAL DIRECTO		ADDRESS			REGISTRAR'S SIGNAT	URE
2	+1 P 2/2.	/	240. KEC 1		Chilling S. Him	
. New We	no 1. Our con	Cambridge N	I DATE UL			



### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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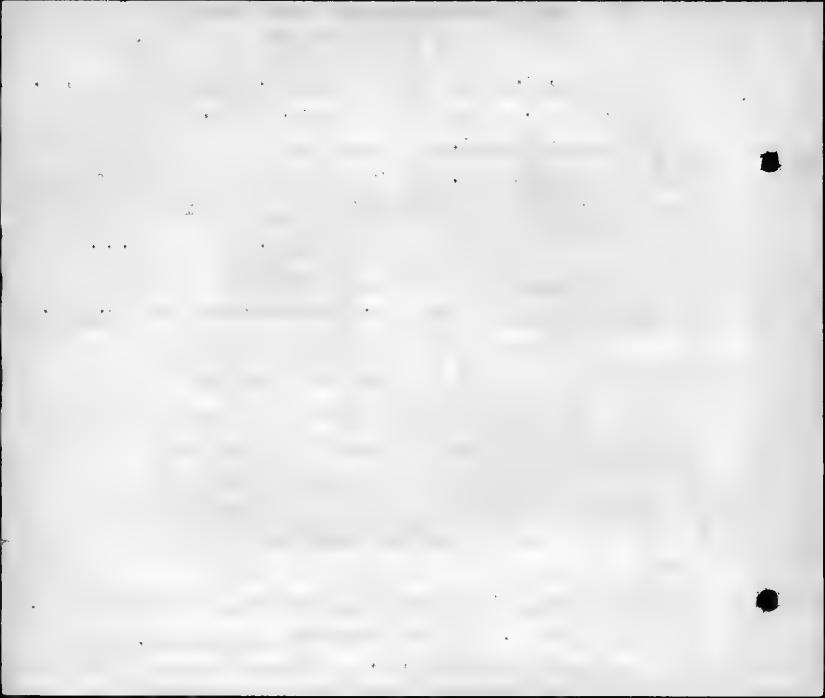
CED	TIFIC	ATE	OE	DEA	TL
CER	i irių/	AIE	VI.	DEM	Ш

07953 Reg. Dist. No.

	ACE OF DEATH COUNTY Dor	chester, C	0.	MARYL	AND	o. STATE	DENCE (Wh		lived If institution b. COUNTY	Dorch		a
	RURAL and give ne	outside corporate limi orest fown) Maryland		1 Day	N 16	/\		ulside corpor Marvla	ote limits, write R			
d.	NAME OF HOSPITA	AL (If not in hospitol, g	ive street	address)		d. STREET A					0	RESIDENCE ON A FARM?
3 N.	AME OF	Fir	st t	Middle		los		4. DATE	Mon	th	Day	Year
(1)	ECEASED ype or print)	Wills			norte			OF DEATH	7		26	1960
5. SE	_		7. MARI	RIED TO NEVER MARRIE	□ □ I ®	DATE OF BIRTI	Н		9. AGE (In years lost birthday)			JNDER 24 HRS,
	ale	White	WIDOW			6/4/188	3 9		7 A yrs		110	771111,
100.	USUAL OCCUPATIO during most of work	N (Give kind of work of ing life, even if retired)	lone 10b.	KIND OF BUSINESS OF	RINDUST	RY 11. BIRTHPL	ACE (Stote	or foreign co	untry)	12. CITI	ZEN OF W	HAT COUNTRY
	ammer			Farmer		Ma	rylan	id.		U.	S.A.	
13. F	ATHER'S NAME					14 MOTHER'S	MAIDEN N	IAME				
	Halen S	horter		<u> </u>			Saph	vonie	Burton			
		TIN U. S. ARMED FOR		SOCIAL SECURITY NO.	17, IN	FORMANT			Addi	ess		
	No	No		Unknown	Mrs	. Glady	rs Wet	zel, 5	407 Bart	ran D	r. P	hila.
	PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	(	ne for (0), (b), and (c) ]	-a /	14 2	mon	rih:	19.8			AND DEATH
	Conditions, if an			Cerel	ra	14	rte	rius	dero	212	1	Yr.
	gove rise to in cotse (o), stating t lying couse last.					·						
CERTIFICATION	PART II. OTH			CONTRIBUTING TO DEA	TH BUT N	OT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART	PE	AS AUTOPSY ERFORMED?
	200. ACCIDENT WAS DR CONTRIBUTING IF EITHER, NOTIFY	S UNDERLYING []  CAUSE OF DEATH MEDICAL EXAMINER)	20ь. DES	CRIBE HOW INJURY OC	CURRED.	(Enter nature o	f injury in f	Port I or Part	11 of item 18.]			
MEDICAL	Oc. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yes	20d. 1 While of wor	Not while	20e PLAC focto	CE OF INJURY ( ory, street, office	Home, form bldg., etc.	, 20f. (City	or lawn)	(Ca	ounfy)	(Slote)
1 1	21. I certify the	at I attended the	deceas		death (	occurred at,		2 /2.6,5 M. fram	the causes a			the deceased
	ACTUAL GIGNATURE	owen	2/	Maryan	<u>د ۲</u> ۸	.D			eet, city or town,		7/	DATE SIGNED
	HYSICIAN'S NAME (Type)	awren(	0 /	Maryan	cv		Ca	mb	rida	c , 1	<u>1d</u>	
	BURIAL, CREMATION REMOVAL (Specify) BUTIAL	7/29/19		22c. NAME OF CEME			ark	22d. LOCATI	about does	Ma		(Stote)
23. F	UNERAL DIRECTOR'S			ADDRESS	11011	OF THE		BY REGISTR	AR 248 REGIS	TRAK'S SIGI		
Le	Compte F	uneral Ser	vice.	. Cambridge	. Md.		DATE . 11/	n = 160	C.	Chang S. 7	Travel	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4 may be retained by the haspital or attending physician.

TO FUNT - DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page and be detached for use as the burial-transit permit. Then please remove carbon papers. Pages of 2 should be filled with the regular prior to burial, cremation, ar remayol, and in any event within 72 haurs after death. VS A15 (4) 15M 9/55



Compte Funeral Service, Cambridge, Maryland,

24a. REC'D BY REGISTRAR

DATE JUL

2 6 '60

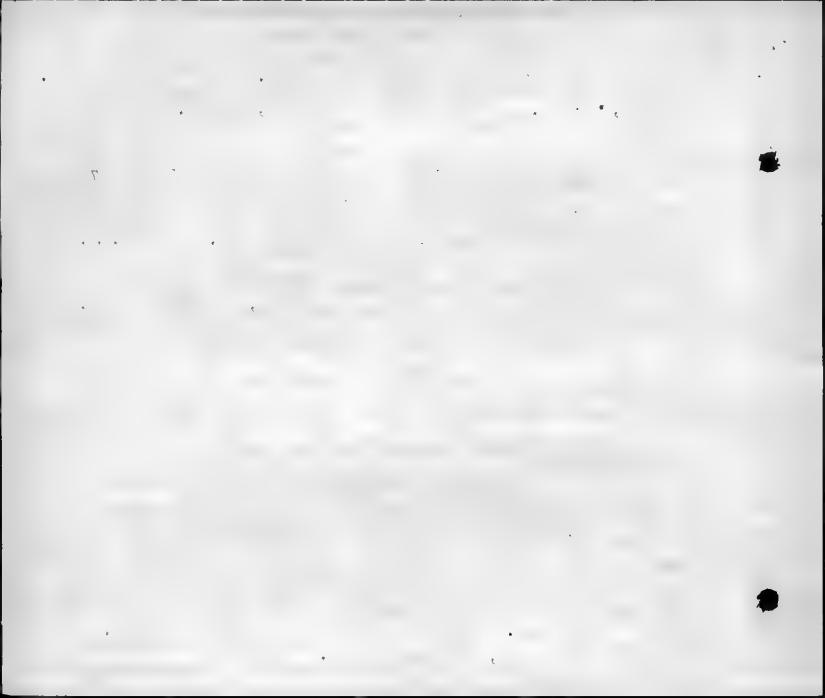
24b. REGISTRAR'S SIGNATURE

ariling & Throng.

VS A15 (4) 15M 9/55

death.

within 2



CERTIFICATE OF DEATH director O. COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) g. STATE filed b. COUNTY MARYLAND funeral within 24 haurs after death OR TOWN (se outside corporate limits, write c LENGTH OF STAY IN 16 Uf auteide corporate limits wille RURAL and arve nearest town) þe and give (varest down) d NAME OF HOSPITAL give street oddress) STREET ADDRESS NAME OF 4. DATE Month DECEASED (Type or print) DEATH AGE (In years los biginalay) SEX 6 COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED completely DIVORCED | WIDOWED [7] yrs that the death certificate be executed 10a USUAL OCCUPATION (Give kind of wark one 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHMPACE (Stole or foreign country) hours pup 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 6 00 physici remave U. S. ARMED FORCES? 16. SOCIAL SECURITY NO NFORMAN attending 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO À Conditions, if any, which permit. baub gove rise to immediate **DUE TO** couse (a), stating the underbeen si lying couse lost. **burial-transit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY cremation, 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Port II of Item 18) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg, etc.) Hour o. m While Not while of work of wark 21 1 certify that (1) (this haspital) attended the deceased fram. 5-9 1960, to saw the deceased alive an 7-8 19 69 and that death occurred ay/45M, from the causes and an the date stated above DIRECTOR 220 SUGNATURE M D PHYS. STAFF DIRECTOR 22c. PHYSICIAN ADDRESS 22d. HOSPITAL OR CREMINIORY NAME OF CEMETERY FUN 0 0 REGISTRAR'S SIGNATURE VR A1S (4)

MARYLAND STATE DEPARTMENT OF HEALTH DIXISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

e. IS RESIDENCE

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

INTERVAL BETWEEN ONSET AND DEATH

2 more

mary

PERFORMED? YES TO NO A

(State)

22b DATE SIGNED

12, EDITEN OF WHAT GOUNTRY?

Days

(County)

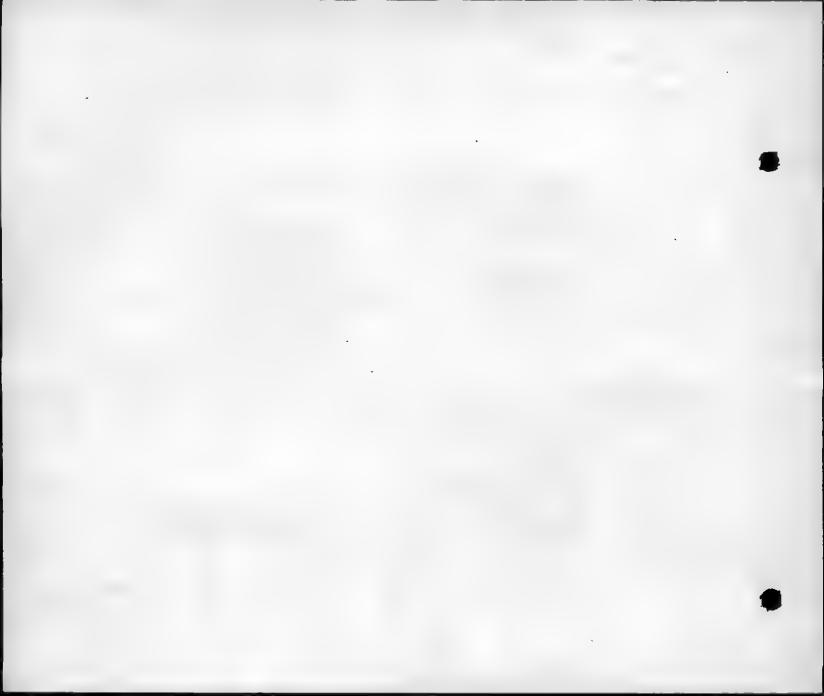
arthur S. Kneet

19.69, that (I) (we) last

Months

ON A FARM? YES NO

Yeor



# FOR STATE HEALTH DEPT.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 17 9 7 4 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. 147.956

	COUNTY DOT	chester		MARY	-	2. USUAL RESIDENCE (No. STATE Mary		sed lived. If institu b. COUNT		ce before	odmission)
	ambridge	t outside corporate himits, write i)	RUEAL	3 yrs.	N Ib	c. CITY OR TOWN (H	ertovn		RURAL and s	give neon	est town)
		e Hospital	lf nat in h	ospital, give street address	)	d. STREET ADDRESS		143	7-	A	ON A FARM?
DEC	CEASED pe or print)	Blanche	st	Mae Middle	Wil	lost SON	4. DATE OF DEATH	July	h 23	Doy	Yeor 1960
5. SEX	emale	6. COLOR OR RACE White	7. MARR	NEVER MARRIED  DIVORCED		8/22/92		9. AGE (In years lost birthday) 67 yrs.	Months D		UNDER 24 HRS
10a. U duri	SUAL OCCUPATION MORE	ON (Give kind of work on the life, even if relifed)	done 10b.	KIND OF BUSINESS OR I	NDUSTRY	11. BIRTHPLACE (Siere Mrayla		country)		S.A	VHAT COUNTRY?
13. FA	Samuel	Mogle	···········		1	Anna Com				3	
15. W	AS DECEASED EV	ER IN U. S. ARMED FO		SOCIAL SECURITY NO.		Records E.S	S. Ho	Address			
MITTICATION	DUE TO  Conditions, if any, which gove rise to immediate cause (a), stating the underlying (cause last.  PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED YES NO 1  200. EXTERNAL CAUSE WAS PRIMARY DO CONTRIBUTING TO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part t or Part II of item 18.)  Fell to floor in hospital										
MEDICAL	DE. TIME OF INJU	RY Month, Doy, Yes	O Whi	INJURY OCCURRED 20	PLACE foctory HOS	OF INJURY (Home, form, street, office Hidg., etc.)	Ca	or town) mbridge	(Count DOI	r.	(Stote)  Md  ond in my
229CB		John Mace	Voturol Jr.	_	eni 🟝	M.D. CHIEF MEDICAL EN ASSISTANT MEDIC DEPUTY MEDICAL	Homicide  XAMINER   AL EXAMINE  EXAMINER [	Undete	ermined mo	onner	ATE SIGNED
23. FU	INERAL DIRECTOR		- 6	ADDRESS huseh	Lill.	1//	D BY REGIST		STRAR'S SIGN		

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours ofter death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shows be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be remined for your files.

TO FUL AL DIRECTOR: Page 3 shauld be used as a buriol-transit permit. File pages 1 and 2 with the general of Health, or remarked, and in any event within 72 haurs ofter death. VS. A15ME SM 2/57

ALA TOTAND STATE DEPARTMENT OF THE LEFT MARKET THE CONTROL OF 

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

07957

			Tto	The state of the s	67	19-60	et -					
	PLACE OF DEATH	rchester		MARYL	3		ENCE AVIA	ere deceased (	ived. If instituti b. COUNTY			ission)
	B. CITY OR TOWN (I RURAL and give in Cambri	f outside corporate limi prest town)	ts, write	c. LENGTH OF STAY II	N 16	c. CITY OR TO	OWN (If ou	tside corporol	le limits, write R Ltimore		nearest to	wn)
	OR INSTITUTION	AL (If not in hospitol, g				d. STREET AL					ON	A FARM?
	Easperi	i pilore aca	ce n	oabteat		057	1 Dump	parton	Ave.		169 [	] NO []
ı	NAME OF DECEASED (Type or print)	Edith		Insl <b>ey</b>		ten		4. DATE OF DEATH	July	12	Day	1960
5. 1	Female	6. COLOR OR RACE White	7. MARI	RIED NEVER MARRIED		12-20-		9.	AGE (In years lost birthday)	Months D	YEAR IF UN	
100	USUAL OCCUPATION during most of work Unknown	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR	RINDUSTRY		yland	_	ntry)		U.S.A.	
.13.	FATHER'S NAME				14	MOTHER'S						
Le	Vin	Insley					nda	Pritch	ett			
15.	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17, INFOR	MANT			Add	ress		
110	NO NO	(If yes, give wer or dates of a	2	17-01-4963	Ea	stern	Shore	State	Hospita	al reco	ords.	
			usa per li	ine for (o), (b), and (c).]							INTERVAL ONSET AN	
	PART I. DEA	TH WAS CAUSED BY: _IMMEDIATE CAUSE (o	1	Bro	onchop	neumon	ia					days
	33	DUE TO										
	gove rise to i	mmediale				*						
	tying couse lost.			Cen	rehral	hemor	whe as				2 4	0270 A
z		J (C		CONTRIBUTING TO DEA				IAI DISEASE	CONDITION OF	VEN IN PART 1		AUTOPSY
CATIO	PARI II. OII	TER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	IH BOT NO	KECKIED TO	THE TERMIN	AL DISCASE	CONDITION	CIVILLA PART	PER	FORMED?
CERTIFICATION	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (E	nter noture of	injury in P	ort I or Port I	l of item 18.)			
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	ty Moπth, Doy, Yes	While of wor	Not while		OF INJURY (F street, office		20f. (City o	r lown)	(Co	onty)	(Stote)
				ded the deceased to 12_1960 and				60, ta		12, 19.60		
	220. SIGNATURE	Done	26	2	M.D.	ATTENDING	ME		STAFF PHYS.			22b. DATE
	22c. PHYSICIAN'S NAME (Type)	George E.	Cum	rier, M.D.		22d. ADDRE	5S	ge, Ma				
230	BURIAL, CREMATIC	ON, 23b. DATE THEREC	)F	23c. NAME OF CEME	TERY OR CR				ON (City, town,	or county)	ISI	tote)
	REMOVAL (Specify)	7/15/6		Parkwood	_				timore,		(0)	/
	FUNERAL DIRECTOR			ADDRESS			250. REC'D	BY REGISTRA		STRAR'S SIGN	VATURE	
1	Tickner Fu	neral Home	, Bai	ltimore, Md.			DATE	4.4.160	61.	ilma 8 f	Times	

VR A15 (4) 15M 9/59

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